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Foim 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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

	For the	2009 calen	dar year,	or tax year beginning , 2009, and ending	<u> </u>	,					
В	Check if a	pplicable		C	D Employ	er Identific	ation Number				
	X Addre	ess change	Please use IRS label	THE DOLLYWOOD FOUNDATION	62-1	62-1348105					
	$\overline{}$	e change	or print or type.	2700 DOLLYWOOD PARKS BLVD.	E Telepho	ne number					
	\vdash	l return	See specific	PIGEON FORGE, TN 37863	865	-428-	9606				
	\vdash		Instruc-		1 000	120					
	-	ination	tions		ا م		2 401 072				
	\vdash	nded return			G Gross re		2,481,873.				
	Appli	cation pending	1		f(a) Is this a group returi f(b) Are all affiliates incl						
				as c above	If 'No,' attach a list		ctions) Yes No				
<u> </u>	Tax-e	xempt statu									
<u>J</u>	Webs	ite: ► ww			(c) Group exemption nu	ımber 🏲					
K		f organization	X Corpora	ation Trust Association Other ► L Year of Formation	n 1988 M s	State of leg	al domicile TN				
Pa	rt I	Summ	ary								
	1 B	riefly descri	be the or	panization's mission or most significant activities <u>TO_ASSIST</u>	IN THE DEV	ELOPM	ENT OF				
				AND TO FOSTER A LOVE OF READING IN PRESO							
Ĕ	_					- -					
Activities & Governance	_										
o e	2 C	heck this be	ox ►	if the organization discontinued its operations or disposed of mor	e than 25% of its	assets					
Ó	3 N	umber of vo	oting men	bers of the governing body (Part VI, line 1a)		3	8				
8	4 N	umber of in	depender	t voting members of the governing body (Part VI, line 1b)	;	4	<u>8</u> 8				
itie	5 T	otal numbe	r of emplo	yees (Part V, line 2a)		5					
Ę.				eers (estimate if necessary)		6	0				
ď	7a ⊤	otal gross u	ınrelated l	ousiness revenue from Part VIII, column (C), line 12		7a	0.				
	bΝ	et unrelated	d business	taxable income from Form 990-T, line 34		7 b	0.				
					Prior Year	1	Current Year				
_	8 C	ontributions	s and gran	ts (Part VIII, line 1h)	633,4	140.	538,012.				
ž	9 P	rogram ser	vice rever	ue (Part VIII, line 2g)			-				
Revenue				art VIII, column (A), lines 3, 4, and 7d)	220,2	217.	207,498.				
æ				II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	232,6	63.	43,268.				
	12 T	otal revenu	e – add li	nes 8 through 11 (must equal Part VIII, column (A), line 12)	1,086,3	320.	788,778.				
				ounts paid (Part IX, column (A), lines 1-3)	319,6	527.	305,139.				
				members (Part IX, cpum (A), une (A)	,						
	15 S	alaries oth	195.	456,405.							
963				nsation, employee benefits (Farl M, Cdlumn (A, lines 5-10) ig fees (Part M, Cdlumn (A), line 11e)							
Expenses											
ង	1			nses (Part IX columnAdh) 12e 252 [H] 15,132.							
_				X, column (A), lines 11a-11d, 11f-24f).	341,3		322,078.				
	18 T	otal expens	ses Add I	nes 13-17 (must equal-PartIXI\(column=A), line 25)	1,121,5	514.	1,083,622.				
	19 R	Revenue les	s expense	s Subtract line 18 from line 12	-35,1	.94.	-294,844.				
8 8					Beginning of Y	ear	End of Year				
ş ğ	20 T	otal assets	(Part X, I	ne 16)	7,807,6		8,409,605.				
Net Assets Fund Balan	i	otal liabilitie	•	,	938, 3		946,549.				
ΣĘ			•	ances Subtract line 21 from line 20	6,869,3		7,463,056.				
	irt II		ure Blo		0,005,5	,,,,	7,403,030.				
		 				4 1	lades and ball of A.				
Sig		true, correct,	and complete	I declare that I have examined this return, including accompanying schedules and state Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge	i my know	leage and belief, it is				
Ci.			7	the state of the s	1 8/2	10					
He	re	Signature	of office)		Date	//0					
(7)		D		uid Dotson Acsilot							
£.		Type or n	rint name an		President						
<u>,</u>		туре ог р	init name an			In					
<u>ن</u> ۔			1/	Date	Check if self-	(see	arer's identifying number instructions)				
Pa	ıa	Preparer's	_ ///	KUMWA/HI, (WA XIII)	employed ►	\square					
Pr		signature	₩ .	Richard Prigg MCL CIN 4/6 //	U	N/.	A				
ぱ	rer's e	Firm's name	or <u>Ha</u> m	ilton Price and Assoc., PC							
Q'a	ilv	yours if self- employed),	► 641	5 Deane Hill Dr	EIN ► N	/A					
00) }	address, and ZIP + 4		xville, TN 37919	Phone no	7	584-2600				
Mai	the IR			with the preparer shown above? (see instructions)	1	/	X Yes No				

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

TEEA0113L 12/29/09

Form **990** (2009)

	1 990 (2009) THE DOLLYWOOD FOUNDATION	62-1348105	Page 2
<u>Par</u>	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	TO ASSIST IN THE DEVELOPMENT OF READING SKILLS AND TO FOSTER A LOV	VE OF READING IN	
	PRESCHOOL CHILDREN.		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
2	Form 990 or 990-EZ?		7]
		∐ Yes ∑	S No
_	If 'Yes,' describe these new services on Schedule O		a
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	rices? Yes	∐ No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expenses Section 501	(c)(3)
	expenses, and revenue, if any, for each program service reported	i allocations to others, the	war
	h		
4 8		Revenue \$)
	a) TO ASSIST IN THE DEVELOPMENT OF READING SKILLS AND TO FOSTER A		IN
	PRESCHOOL CHILDREN. IN 2009, 995 COMMUNITIES IN 47 STATES DISTRIE	BUTED OVER 6.2	
	MILLION BOOKS.		
	TOTAL LIBRARY PROGRAM \$14,145,011		
	LESS REIMBURSEMENTS (13, 970, 477)		
	174,534		
	······································		
41	b (Code (Expenses \$ 145, 576. including grants of \$ 50, 625.) (F	Revenue \$)
	b) TO PROVIDE COLLEGE SCHOLARSHIPS TO LOCAL HIGH SCHOOL SENIORS.	DURING THE YEAR	\
	2009, NEED-BASED COLLEGE SCHOLARSHIPS WERE AWARDED TO SIXTEEN DESI	ERVING HIGH SCHOO)L
	STUDENTS.		
4	c (Code) (Expenses \$ including grants of \$) (F	Revenue \$)
•	, (, (
	~		
4	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 877, 451.		

Par	t IV Checklist of Required Schedules			- 3
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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	Ī	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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It '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, VIII, IX, or X as applicable	11	Х	
,	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete 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 			
	• 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12.	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If '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		Х
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20		20	l	Х

Form 990 (2009) THE DOLLYWOOD FOUNDATION

Part IV | Checklist of Required Schedules (continued)

BAA		Form	990	(2009)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38_	Х	
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		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		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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V , line I	34		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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
c	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
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		Х
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		Х
25 a	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		Х
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24 a	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, and 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		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	Х	
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	Х	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
			Yes	No

Form 990 (2009) THE DOLLYWOOD FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance 62-1348105 Page 5

		Yes	No			
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		165	140			
Information Returns Enter -0- if not applicable	4	1				
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<u> </u>					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х				
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	6					
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		x			
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	36	<u> </u>				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
b If 'Yes,' enter the name of the foreign country ▶	_					
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	<u> </u>	Х			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	50					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х			
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were n deductible?	ot 6 t	,				
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	s 7 a		х			
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	:	х			
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.6		X			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X			
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	70	 	1			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	71					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business						
holdings at any time during the year?	8	+	┼			
9 Sponsoring organizations maintaining donor advised funds.	9					
a Did the organization make any taxable distributions under section 4966?	91	_	<u> </u>			
b Did the organization make any distribution to a donor, donor advisor, or related person?	91	1	 			
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b	\dashv					
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11. Section 501(a)(12) exeminations. Enter:	\dashv					
11 Section 501(c)(12) organizations. Enter	- "	1				
a Gross income from other members or shareholders 11a	\dashv					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b	12					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes.' enter the amount of tax-exempt interest received or accrued during the year	123	<u> </u>	1			
DIL LES EMELLIE AMOUNT DI TAX-EXEMPLINETEST LECEIVEU DI ACCIUEU UUMIU (HE VEGI 1 140)						

Form 990 (2009)

Part VI 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.

	Schedule O. See instructions.							
Sec	ction A. Governing Body and Management		······					
			Yes	No				
1 a	a Enter the number of voting members of the governing body.	<u>8</u>						
	b Enter the number of voting members that are independent 1b	<u>8</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule Q	2	х					
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		х				
4	Did the organization make any significant changes to its organizational documents	4		X				
	since the prior Form 990 was filed?	İ						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X				
6		6		Х				
	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0							
b	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 the year by the following							
a	a The governing body?	8 a	+					
t	b Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х				
	ction B. Policies (This Section B requests information about policies not required by the Internience Code)	al						
			Yes	No				
10 a	a Does the organization have local chapters, branches, or affiliates?	10 a		Х				
t	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 ь						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X				
11/	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O							
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X					
t	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X					
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	12 c	1					
	Does the organization have a written whistleblower policy?	13	X	<u> </u>				
14	Does the organization have a written document retention and destruction policy?	14	X	ļ				
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?	_						
	a The organization's CEO, Executive Director, or top management official	15 a	+	<u> </u>				
l	b Other officers of key employees of the organization See. Schedule O	15b	X	<u> </u>				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	-	l.,					
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxab entity during the year?	16 a		Х				
ı	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 the organization's exemp	t J⇒≕⊸≖	1					
500	status with respect to such arrangements? ction C. Disclosures	16b	<u>'l</u>	L				
	List the states with which a copy of this Form 990 is required to be filed TN							
18	100 (1	avaılat	le for	public				
	Own website Another's website X Upon request							
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest p statements available to the public See Schedule O			ancıal				
	State the name, physical address, and telephone number of the person who possesses the books and records of the o <u>DAVID C. DOTSON 2700 DOLLYWOOD PARKS BLVD. PIGEON FORGE TN 37863 865-428-</u>		tion 					

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 organizations'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 employees'
- 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 n	ot compen	sate a	ny d	curre	ent d	officer	, dır	ector, or trustee		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	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
DOLLY PARTON										
CHAIRPERSON	5	X						0.	0.	0.
TED C. MILLER VICE CHAIRMAN	10	х						0.	0.	0.
KEN BELL VICE-PRESIDENT	3	x		X				0.	0.	0.
BARBARA JOINES									_	_
SECRETARY/TREAS	5	X		X	_		<u> </u>	0.	0.	0.
JO BLALOCK	1	X						0.	0.	0.
Director CHARLES W. KITE	 	 ^	├		┢		\vdash	0.		<u> </u>
Director	1	x	ļ					0.	0.	0.
EDNA ROGERS Director	3	х						0.	0.	0.
ANN WARDEN	 	<u>├</u> ^	┢	\vdash	\vdash	<u> </u>		- 0.		<u>~.</u>
Director	1 1	X						0.	0.	0.
DAVID C. DOTSON President	60	х		х	х			0.	0.	0.
DAVID C. DOTSON PRESIDENT	60					Х		150,782.	0.	28,300.
									,	- ***
			-							
	-				-					
	-									
	-									

(A)	(B)	ĺ		(6	c)		- 1	(D)	(E)	[(F)	
Name and Title	Average hours per week			Check	_	Highest compensated employee	p) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ame cor	Estimated bunt of ot mpensation the ganization ind relate ganization	ther ion on ed
										-		
												·
								· · · · · · · · · · · · · · · · · · ·				
				<u></u>						ļ		
										ļ		
					<u> </u>				<u></u>			
			_							<u> </u>		
		_								ļ		
	<u> </u>			_						ļ		
1 b Total2 Total number of individuals (including but not limite	d to the	se li	sted	d ab	ove') wh	o re	150,782.	\$100,000 in report	l lable co	28,3 mpens	
from the organization ▶ 1												_
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it.	or trust	ee,	key	emj	ploy	ee,	or h	ighest compensat	ed employee		Yes	
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t										3	-	
 Individual. Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci. 										4	X	\vdash
rendered to the organization? If 'Yes,' complete Scientification B. Independent Contractors	hedule .	J for	suc	h pe	erso	n	_			5	<u> </u>	<u> </u>
Complete this table for your five highest compensation from the organization	ted inde	pen	deni	l cor	ntra	ctors	tha	it received more t	han \$100,000 of			
(A) Name and business addres	is							Description	of Services	Comp	(C) ensatio	on
		•										_
		-					-					
	_											

Par	t VIII Statement of Revenue				
1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
w.,	1 a Federated campaigns 1 a				
ANT	b Membership dues 1b				
중절	c Fundraising events 1c				
A S.	d Related organizations 1d				
ا≩ِق	e Government grants (contributions)				
S S	e dovernment grants (continuations)				
5띩	f All other contributions, gifts, grants, and similar amounts not included above 1f 538,012.				
₽ 5	g Noncash contribus included in lns 1a-1f: \$				
A B B	g Noncash contribus included in lns 1a-1f' \$	538,012.			
븳	h Total. Add lines 1a-1f Business Code	330,012.			
Ž.	30				•
Ž	2a				
岁	b				
Ž	<u></u>				· · · · · · · · · · · · · · · · · · ·
4 SE	<u></u>				+
RA	f All other program service revenue				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	a Total Add lines 2a.2f	· · · · · · · · · · · · · · · · · · ·			
-	•				
	Investment income (including dividends, interest and other similar amounts)	255,825.			255,825.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	·			
	(i) Real (ii) Personal				
	6a Gross Rents				1
	b Less rental expenses				
	c Rental income or (loss)			İ	
	d Net rental income or (loss)		•		
	(a) Securities (a) Other				
	7a Gross amount from sales of assets other than inventory 1, 625, 772.				
	b Less cost or other basis and sales expenses 1,674,099.				
	c Gain or (loss) -48, 327.				
	d Net gain or (loss)	-48,327.	-48,327.		
	8a Gross income from fundraising events				
필	(not including \$		•	1	
OTHER REVENUE	of contributions reported on line 1c).				
8.8	See Part IV, line 18 a 31,575.				
문	b Less direct expenses b 10,825.				
Ö	c Net income or (loss) from fundraising events	20,750.	20,750.		
	9a Gross income from gaming activities.				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b				1
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a 30, 689.	•			1
	b Less cost of goods sold b 8,171.				1
	c Net income or (loss) from sales of inventory	22,518.	22,518.		
	Miscellaneous Revenue Business Code	}			1
	111a				
	b		-		
	d All other revenue				
	d All other revenue.				+
	e Total. Add lines Fra-Fra	788,778.	-5,059.	0.	255,825.
	12 Total revenue. See instructions	100,118.	<u> </u>	υ.	255,625.

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).

		_ (A)	(B)	(C)	(D)
6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	174,534.	174,534.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	50,625.	50,625.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.	79,980.	79,980.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	171,032.	152,219.	6,841.	11,972.
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.	0.	0.	0.
7	Other salaries and wages	238,871.	217,595.	20,048.	1,228.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,633.	16,973.	1,564.	96.
9	Other employee benefits				
10	Payroll taxes	27,869.	25,161.	1,865.	843.
11	Fees for services (non-employees)				
i	a Management				
l	b Legal	800.		800.	
•	c Accounting	28,584.		28,584.	
	d Lobbying	<u> </u>			
	e Prof fundraising svcs See Part IV, In 17			00 455	
1	Investment management fees	30,477.		30,477.	
	g Other		16 150		
12	Advertising and promotion	46,152.	46,152.	220	1.00
13	22	3,303.	2,808.	330.	165.
14	Information technology	59,586.	53,628.	5,958.	
15	Royalties				
16	Occupancy	24 472	20 472	4 000	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	34,472.	30,472.	4,000.	
19	Conferences, conventions, and meetings				
20	Interest	4,337.		4,337.	
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	13,996.		13,996.	
23 24	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	67,429.		67,429.	
	a BOOK COMMITTEE EXPENSE	10,451.	10,451.		
	b TELEPHONE	6,792.	5,773.	679.	340.
	c Postage and Shipping	5,572.	4,736.	557.	279.
	d EQUIP RENTAL & MAINT	3,737.	2,803.	934.	
	e AUTO EXPENSE	2,972.	2,526.	297.	149.
	f All other expenses	3,418.	1,015.	2,343.	60.
25	Total functional expenses. Add lines 1 through 24f	1,083,622.	877,451.	191,039.	15,132.
	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				
BA	A.				Form 990 (2009)

Page 11

art X	Balance Sheet							
			(A) Beginning of year		(B) End of year			
1	Cash — non-interest-bearing			1				
2	Savings and temporary cash investments		1,679,255.	2	1,314,251.			
3	Pledges and grants receivable, net			3				
4	Accounts receivable, net	ounts receivable, net						
5	Receivables from current and former officers, directors, tru and highest compensated employees. Complete Part II of	stees, key employees, Schedule L		5				
6	Receivables from other disqualified persons (as defined un	der section 4958(f)(1))						
	and persons described in section 4958(c)(3)(B) Complete	Part II of Schedule L		6				
7	Notes and loans receivable, net			7				
8	Inventories for sale or use		140,042.	8	143,573			
9	Prepaid expenses and deferred charges		12,199.	9	6,223			
10	a Land, buildings, and equipment cost or other basis. 10a	139,636.						
	Complete Part VI of Schedule D							
ļ	b Less accumulated depreciation 10t	53,546.	100,086.	10 c	86,090			
11	Investments – publicly-traded securities		5,402,201.	11	6,192,140			
12	Investments – other securities See Part IV, line 11			12				
13				13				
14				14				
15	-		270,187.	15	408,349			
16			7,807,665.	16	8,409,605			
17		45,830.	17	347,758				
18	• •			18				
19	• •			19				
20				20				
21		Schedule D		21				
•	Payables to current and former officers, directors, trustees highest compensated employees, and disqualified persons							
	of Schedule L			22				
23	Secured mortgages and notes payable to unrelated third p	arties		23				
24			100,000.	24				
25			792,478.	25	598,791			
26	·		938,308.	26	946,549			
		and complete lines						
	27 through 29 and lines 33 and 34.	·						
27	_		6,869,357.	27	7,463,056			
28				28				
29	•			29				
	Organizations that do not follow SFAS 117, check here							
	lines 30 through 34.	and complete						
30			30					
		t fund		31				
32	· · · · · · · · · · · · · · · · · · ·			32				
31 32 33			6,869,357.	33	7,463,056			
٦,	Total liabilities and net assets/fund balances		7,807,665.	34	8,409,605			

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8,409,605. Form **990** (2009)

<u>rai</u>	LAI	Financial Statements and Reporting			
				Yes	No
1	Accoun	iting method used to prepare the Form 990 Cash X Accrual Other			
	If the o	rganization changed its method of accounting from a prior year or checked 'Other,' explain edule O			
2 8	Were th	ne organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
ŀ	Were th	ne organization's financial statements audited by an independent accountant?	2b	X	
(to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, or compilation of its financial statements and selection of an independent accountant?	2 c		х
		rganization changed either its oversight process or selection process during the tax year, explain edule O			
(to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a dated basis, separate basis, or both.			
	X s	eparate basis Consolidated basis Both consolidated and separate basis			
3	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				х
ı	olf 'Yes, or audi	did the organization undergo the required audit or audits? If the organization did not undergo the required audit to, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2009

Open to Public Inspection

Name o	of the	organization							Employer	identificat	ion number		
	_	OLLYWOOD FOUN								48105			
Parl	1	Reason for Pub	olic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	nstruct	ions		
The c	rga	nization is not a priv	ate foundation becau	se it is (For lines 1 throi	ugh 11, d	check o	nly one	box)					
1		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ)								
3	Г	A hospital or coope	rative hospital service	e organization described	ın sectio	on 170(b	χ1χΑχί	ii).					
4	Γ	A medical research	organization operate	d in conjunction with a hi	ospital d	lescribe	d in sec	tion 170)(b)(1)(A)(iii) Er	nter the hos	pital's	,
		name, city, and sta											
5		170(b)(1)(A)(iv). (C	omplete Part II)	of a college or university					nmental	unit de	scribed in s	ection	1
6 7	X	An organization tha	local government or quality normally receives a (A)(vi). (Complete Pa	governmental unit descrit substantial part of its su art II)	pport fro	ection 1 om a go	70(b)(1) vernmei	(A)(v). ntal unit	or from	the ger	neral public	descr	ibed
8		1		170(b)(1)(A)(vi). (Complet	te Part II	1)							
9		from activities related investment income	d to its exempt function	more than 33-1/3 % of its s s – subject to certain exce ss taxable income (less s omplete Part III)	entions, a	ınd (2) n	o more t	han 33-1	1/3 % of	its suppo	ort from aros	SS	fter
10		An organization org	janized and operated	exclusively to test for pu	blic safe	ty See	section	509(a)	(4).				
11		An organization org more publicly suppo describes the type	ganized and operated orted organizations d of supporting organiz	exclusively for the benef lescribed in section 509(a zation and complete lines	it of, to a)(1) or s 11e thr	perform section ough 11	the fun 509(a)(2 h	ctions o 2) See	of, or car section	rry out tl 509(a)(3	ne purpose). Check t	s of or he box	ne or that
		a Type I	b Type II	c 🗌 Type III						d 🗌	Type III-		
е		than foundation ma 509(a)(2)	nagers and other tha	ganization is not controll n one or more publicly si	upported	l organi	zations	describe	ed in sec	ction 509	∂(a)(1) or s	ection	ier
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Type	e III sup	porting	organızatıo	n,	
g		Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	57	Yes	No
		below, the go	verning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)		
		(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (ii)	L	<u> </u>
		(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) al	bove?						11 g (iii)		Щ.
h		Provide the following	ng information about t	the supported organization	ons								
	1	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col I in your rning ment?	(v) Did y the organ col your si	iization in (i) of	organizat	s the ion in col zed in the S ?	(vii) Amoui	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·											
	-	- 											
									ļ		-		
		· · ·							ļ				
Tota	l												

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II 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 line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🟲 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 958,774 532,938 566,702 633,440 538,012 3,229,866. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 3,229,866. 958,774 566,702 538,012 Total. Add lines 1-through 3 532,938 633,440 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 1,493,249. shown on line 11, column (f). Public support. Subtract line 5 1,736,617. from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total beginning in) > 958,774 532,938 566,702 633,440 538,012 3,229,866. Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 483,869 220,217 207,498 1,660,085. 318,941 429,560 similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV 119,541 252,775 62,264 172,500 173,148 780,228. Total support. Add lines 7 through 10 5,670,179. 0. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 30.6% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). 14 31.9% Public support percentage from 2008 Schedule A. Part II. line 14 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how **►** [X] the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009 THE DOLLYWOOD FOUNDATION 62-1348105 Page 3 | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1 2, 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal yr beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (a) 2005 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business

activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add ins 9, 10c, 11, and 12)

14	organization, check this box and stop here	i, or illui taz	x year as a s	ection 501(c)(.3)	▶	
Sec	tion C. Computation of Public Support Percentage						
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column ((f))		15		%	6

	Support percentag	30 110111 E000 OCIN	saare it, i are iii, iiiie ie
Section D	. Computation	of Investmen	t Income Percentage

16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	tion D. Computation of Investment Income Percentage		

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18

Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		▶ 🗍
- 22 at 2	22 1/20/	11 10

b 33-1/3 support tests – **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

19

16

17

Schedule /	(Form 990 or 990-EZ) 2009	THE DOLLYWOOD			62-134 <u>81</u>		Page 4
Part IV	Supplemental Information Part II, line 17a or 17b;	tion. Complete this and Part III, line 1	part to provide t 2. Provide any o	he explanation ther additional	s required by Pa information. See	rt II, line 10 instruction); is.
<u>Par</u> t	<u>II, Line 17a - 10% Facts</u>	and Circumstance	<u>s Test - 2009</u>	_			
THE	DOLLYWOOD FOUNDATI	ON BELIEVES THA	AT IT QUALIFI	ES AS AN ORG	GANIZATION THE	AT NORMAL	<u>LY</u>
REC	EIVES A SUBSTANTIAL	PART OF ITS SU	JPPORT_FROM_A	GOVERNMENT	AL_UNIT_OR_FRO	OM_THE	
GEN	ERAL PUBLIC, AS DES	CRIBED ON LINE	7_OF_PART_I.				
THE	FOUNDATION QUALIFI	ES UNDER THE FA	ACTS AND CIRC	UMSTANCES TI	EST SET FORTH	<u>IN IRS</u>	
REG	ULATION 1.170A-9(f)	(3) SINCE 1) I	<u>IS ORGANIZE</u>	D_AND_OPERA	FED AS TO ATT	RACT NEW	AND_
ADD	ITIONAL GOVERNMENTA	L AND PUBLIC SU	JPPORT ON A C	ONTINUING B	ASIS, 2) IT R	ECEIVES _	
SUP	PORT FROM A BROAD R	ANGE OF THE GET	NERAL PUBLIC,	3) ITS GOV	ERNING_BODY_R	EPRESENTS	5
THE	_DIVERSE_INTEREST_C	F THE GENERAL I	PUBLIC, AND 4) IT PROVID	ES_EDUCATIONA	L_SERVICE	<u>s</u>
FOR	THE BENEFIT OF THE	GENERAL PUBLIC	C ON A CONTIN	UING BASIS.			
THE	FOUNDATION REQUEST	<u> ED AN IRS PRIV</u>	ATE LETTER RU	LING AS TO	THIS ISSUE ON	OR ABOUT	
NOV	ERMBER 30, 2000 A	ATTACHED IS A CO	OPY OF THE PR	IVATE LETTE	R RULING DATE	D_JULY_12	2
200	1						
							_ _

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Name of the organization

THE	E DOLLYWOOD FOUNDATION				52-1348105	
Par	t I Organizations Maintaining Dono	Advised Funds or Other	Similar Fund	s or Acco	unts Complete	e if
	the organization answered 'Yes' t	o Form 990, Part IV, line	õ			
		(a) Donor advised fu	nds	(b) Fu	nds and other acc	ounts
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 dor funds are the organization's property, subject	nor advisors in writing that the a to the organization's exclusive l	ssets held in don egal control?	or advised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dono) that grant funds or advisor or for a	may be ny other	□Yes	□No
Dai	t II Conservation Easements Comple		wered 'Yes' to	Form 990		
	Purpose(s) of conservation easements held by			71 01111 330	, raitiv, iiiic	
'	Preservation of land for public use (e.g., i	· -	¬ '''	an historical	ly important land	area
	Protection of natural habitat	ecreation or pleasure)	Preservation of		-	arca
	Preservation of open space	L	J. 100011211011			
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation	contribution in th	ne form of a	conservation eas	ement on the
					Held at the End o	f the Year
á	a Total number of conservation easements			2a		
ı	b Total acreage restricted by conservation ease	ments		2 b		
(Number of conservation easements on a certi	fied historic structure included ii	n (a)	2 c		
(d Number of conservation easements included in	n (c) acquired after 8/17/06		2 d		
3	Number of conservation easements modified,	transferred, released, extinguis	hed, or terminate	d by the orga	anization during t	he tax
	year ▶					
4	Number of states where property subject to co	onservation easement is located	-			
5	Does the organization have a written policy reand enforcement of the conservation easeme	garding the periodic monitoring nt it holds?	, inspection, hand	dling of viola	tions, Yes	☐ No
_	Staff and volunteer hours devoted to monitori during the year					
	Amount of expenses incurred in monitoring, in during the year ▶	•		\$ <u> </u>		
8	Does each conservation easement reported o 170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	.,	•		Yes	No No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its re to the organization's financial st	venue and expensionatements that de	e statement, a scribes the c	and balance sheet, organization's acc	and ounting for
<u>P</u> a	Till: Organizations Maintaining Colle	ctions of Art, Historical T	reasures, or (Other Simi	lar Assets	
	Complete if the organization ans	wered 'Yes' to Form 990,	Part IV, line 8			
1:	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statem	ilic exhibition, education, or rese	revenue statemer arch in furtheran	nt and baland ce of public	ce sheet works of service, provide, i	art, historical in Part XIV,
ļ	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its reve lic exhibition, education, or rese	enue statement a earch in furtheran	nd balance s ce of public	heet works of art, service, provide t	historical he following
	(i) Revenues included in Form 990, Part VIII	, line 1			► \$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other 116 relating to these items	similar assets for	r financial ga	in, provide the fo	llowing
	a Revenues included in Form 990, Part VIII, line	e 1			► \$	
	b Assets included in Form 990, Part X				- \$	

Schedule D (Form 990) 2009 THE D	OLLYWOOD FO	UNDATION		62-134	8105		Page 2
Part III Organizations Maintai	ning Collectio	ns of Art, Histo	orical Treasures, or	Other Similar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisiting tems (check all that apply)	on accession and	other records, chec	ck any of the following t	hat are a significant us	e of its	collection	on
a Public exhibition		d Loan (or exchange programs				
b Scholarly research		e Other					
c Preservation for future genera	ations	_					
4 Provide a description of the organ Part XIV	nization's collection	ons and explain how	v they further the organ	ization's exempt purpos	ie in		
5 During the year, did the organizar assets to be sold to raise funds r.					Yes		No
Part IV Escrow and Custodial 9, or reported an amount	l Arrangement unt on Form 99	s s Complete if o 90, Part X, line	rganization answer 21.	ed 'Yes' to Form 99	}0, Pa	rt IV, I	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	for contributions or oth	er assets not	Yes	Г	No
b If 'Yes,' explain the arrangement				Į.		_	
Sit 103, explain the arrangement	arr arr arr arra c	ompiete the tenem			Amount		
c Beginning balance				1c			
d Additions during the year				1d			
e Distributions during the year				1e			
f Ending balance				16		<u>_</u>	
2a Did the organization include an a	mount on Form 9	00 Part Y June 217	•	<u> </u>	Yes		No
b If 'Yes,' explain the arrangement		50, Falt A, line 21			'''	L	
Part V Endowment Funds Con		azation answer	ed 'Ves' to Form 90	0 Part IV line 10		-	
Part V Endowment Punds Col	(a) Current year	(b) Prior year			T (0)	our years	s back
1 - Danier of year balance	(a) Current year	(b) Filol year	(C) IWO years back	(u) Tillee years back	1 (6)	our years	3 Dack
1 a Beginning of year balance		 			+		
b Contributions					+		
c Net Investment earnings, gains, and losses							
d Grants or scholarships					┷		
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance.							
2 Provide the estimated percentage	e of the year end	balance held as					
a Board designated or quasi-endov	vment ►	<u> </u>					
b Permanent endowment ►	*						
c Term endowment ►	8						
3a Are there endowment funds not a organization by	n the possession	of the organization	that are held and admi	nistered for the	ſ	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related of	ornanizations liste	d as required on Si	chedule R?		3b		
4 Describe in Part XIV the intended	_				95		L
Part VI Investments—Land, B				line 10			
Description of investment		Cost or other basis (investment)	····	(c) Accumulated Depreciation	(d) E	Book Va	alue
1a Land	1						
b Buildings		•					
c Leasehold improvements			78,219.	10,114.		68	,105.
d Equipment			43,978.	25, 993.			, 105. , 985.
e Other	 		17,439.	17,439.			, <u>, , , , , , , , , , , , , , , , , , </u>

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) BAA

86,090. Schedule **D** (Form 990) 2009

Part VII	Investments-Other Securities See Fo	orm 990, Part X, line	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
Financial c	derivatives.			
Closely-he	ld equity interests			
Other	. •			
				
			 	
				
			·	
		1		
		ļ		-
				
Total. (Colum	mn (b) must equal Form 990 Part X, col. (B) line 12)			
Part VIII	Investments-Program Related (See I	Form 990, Part X, line	e 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	(a) Description of investment type	(b) Book Value	Cost or end-of-year mark	
			 _	
				
		 		
	<u>-</u>			
	_			
	_	 	- · · · · · · · · · · · · · · · · · · ·	
		 		
Total (Colur	nn (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part X,	line 15) N/A		
·		escription		(b) Book value
				
			<u></u>	
				
Total. (Co	olumn (b) must equal Form 990, Part X, col (B), I	line 15)	▶_	
Part X	Other Liabilities (See Form 990, Part	X. line 25)		
	(a) Description of Liability	(b) Amount		
Cadavall		(b) Amount	-	
	come Taxes	500 701	_	
ADVANC	ED PAYMENTS	598,791	싀	
	······································			
			_	
			7	
Total (0.)	/h)	E00 701	-	
	mn (b) must equal Form 990, Part X, col (B) line 25)	598,791		
2. FIN 48 I	Footnote In Part XIV, provide the text of the foot	tnote to the organization's	tinancial statements that reports the	organization's liability
ior uncerta	ain tax positions under FIN 48	See_Pa	art XIV	

Schedule D (Form 990) 2009 THE DOLLYWOOD FOUNDATION

62-1348105

Page 3

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009 THE DOLLYWOOD FOUNDATION	62-1348105	Page 5
Part XIV Supplemental Information (continued) Part X - FIN 48 Footnote (continued)		
settlement with the tax authority. As of and during the year end	ded_December_31,_	
2009, the Foundation did not have a liability for any unrecognize	ed tax benefits.	
The Foundation recognizes interest and penalties, if any, related	<u>d to unrecognized</u>	
tax_benefits as interest and penalties expense in the Statement of	of Activities.	
During the year, the Foundation did not incur interest or penalti	ies. The Foundat:	ion
is_not_subject_to_examination_by_U.S. federal_taxing_authorities_	or state taxing	
authorities for the years before 2006.		

Schedule D	(Form 990) 2009	THE DOLLYWOO	ontinued)		 62-1348105	Page 5
Part XIV	Supplemental	I Information (co	ontinued)		 	
		-			 	
					 	- -
					 	-
					 	 -

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

THE	יצונוסמ	สดดท	FOUND	ΑΨΤΩΝ

Employer identification number

62-1348105

General Information on Activities Outside the United States. Complete if the organization answered 'Yes' Part I to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	e X Yes	No
---	--	---------	----

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CUROPE (UNITED KINGDOM)	0	0	CHILDREN'S READING	ASSIST WITH	25,000
			PROGRAM SETUP	READING PROGRAM	
			ASSISTANCE	STARTUP	
NORTH AMERICA (CANADA)	0	0	CHILDREN'S READING	ASSIST WITH	54,980
<u> </u>	· · · · · · · · · · · · · · · · · · ·		PROGRAM SETUP	READING PROGRAM	
			ASSISTANCE	STARTUP	
		_			
					:
					·

[otals	0	0			79,980

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

Schedule F (Form 990) (2009)

Page 2

62-1348105

THE DOLLYWOOD FOUNDATION Schedule F (Form 990) 2009

PartII

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(f) Method of valuation (book, FMV, appraisal, other)	į											
(h) Description of non-cash assistance												ļ
(g) Amount of non-cash assistance												
(f) Manner of cash disbursement	WIRE	TRANSFER		WIRE	TRANSFER							
(e) Amount of cash grant	25,000.		;	54,980. WIRE					}			
(d) Purpose of grant	TO START A	READING	PROGRAM	TO START A	READING	PROGRAM						
(c) Region	EUROPE	(UNITED	KINGDOM)	NORTH AMERICA	(CANADA)				l			
(b) IRS code section and EIN (if applicable)											The state of the s	
1 (a) Name of organization												

Schedule F (Form 990) 2009 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities BAA

TEEA3502L 07/06/09

Page 3

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62-1348105

Schedule F (Form 990) 2009 THE DOLLYWOOD FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule F (Form 990) 2009 THE DOLLYWOOD FOUNDATION	62-1348105	Page 4
Part IV : Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional in	formation	
Part I, Line 2 - Grantmakers Explanation For Grants Outside US		
THE ORGANIZATIONS IN CANADA AND THE UNITED KINGDOM TO WHICH THE	E FOUNDATION PROV	IDED
ASSISTANCE ARE QUALIFIED CHARITABLE ENTITIES UNDER THE LAWS OF	THE NATIONALITY	IN
WHICH THEY RESIDE AND AS SUCH ARE SUBJECT TO ALL OVERSIGHT REC	QUIRED BY EACH NAT	'ION'S
LAWS AND REGULATIONS WITH REGARD TO ENTITY EXPENDITURES.		
		-
		-
		

TEEA3504L 07/06/09

BAA

Schedule F (Form 990) 2009

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

lame of the organization						Employer identifica	ition number		
THE DOLLYWOOD FOUNDATION						62-134810	5		
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part									
1 Indicate whether the organization									
Mail solicitations		,		Solicitation of non-					
Internet and email solicitation	ıs			Solicitation of government grants					
Phone solicitations				Special fundraising		=			
In-person solicitations				opecial fullulaising	events				
	or oral agreeme	ent with an	v individu	al (including officers, di	rectors	trustees or key			
2a Did the organization have written employees listed in Form 990, Pa	rt VII) or entity	in connect	ion with p	rofessional fundraising	service	s?	Yes X No		
b If 'Yes,' list the ten highest paid if compensated at least \$5,000 by the state of the state	ndividuals or en he organization	tities (fund	lraisers) p	ursuant to agreements	under v	which the fundra	iser is to be		
	T -	1				mount paid to			
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or	retained by) aiser listed in	(vi) Amount paid to		
or entity (fundraiser)			ly or control butions?	from activity	lunar	col (i)	(or retained by) organization		
	 	Yes	No						
		162	110						
			ļ						
	 	 							
		 							
	ļ	ļ							
	<u> </u>	<u> </u>					<u></u>		
			1						
	<u> </u>								
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		1							
	}	l			l				
	T								
	1		ł	}	1				
	1	-			<u> </u>				
Total			•				0.		
3 List all states in which the organi	zation is registe	red or lice	nsed to so	licit funds or has been	notified	lit is exempt fro			
or licensing		J					J		
		~							
				 		_			

	_	_		_		_
62	_1	-2	1	Ω.	1 1	15

Page 2

Par	t II·	Fundraising Events. Complete if reported more than \$15,000 on F	the organization around the organization are orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II gross receipts grea	ne 18, or ater than	\$5,00	00.		
RE			(a) Event #1 COOKBOOK SALES (event type)	(b) Event #2	(c) Other Events	(d) Tota (Add col col				
#CZ#<#	1	Gross receipts	27,074.				27,0	174.		
E	2	Less Charitable contributions								
	3	Gross income (line 1 minus line 2)	27,074.			-,	27,0	74.		
	4	Cash prizes								
	5	Noncash prizes								
DIRECT	6	Rent/facility costs								
	7	Food and beverages								
X P	8	Entertainment								
EXPENSES	9	Other direct expenses	10,824.				10,8	324.		
_	10 11	Direct expense summary Add lines 4- ti Net income summary Combine lines 3,	column (d) and line 10		>		10,8 16,2	250.		
Pai	Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.									
R E V E N U			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		ng ough		
Ĕ	1	Gross revenue								
D X	2	Cash prizes								
DIRESE	3	Non-cash prizes		<u> </u>						
5	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes% No	Yes% No	Yes%	:				
	7	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8 Net gaming income summary Combine lines 1, column (d) and line 7 YES NO									
9		er the state(s) in which the organization of the organization licensed to operate gamin				9a				
		No,' explain	-							
10:	– – – – a We	re any of the organization's gaming licensi	es revoked, suspended	or terminated during the	 	 				
		es,' explain	,	• • • • • • • • • • • • • • • • • • •						
11		es the organization operate gaming activiti	es with nonmembers?							
12	ls t	he organization a grantor, beneficiary or tr		ember of a partnership of	or other entity formed t					
	adn	ninister charitable gaming?			<u> </u>	12		Ь		

Schedule G (Form 990 or 990-EZ) 2009 THE DOLLYWOOD FOUNDATION 62-	-1348105	P	age 3
			NO
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility	%		
b An outside facility . 13b	ક		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecords		
Name ►			
Address			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15	a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the ar	nount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party			
Nome >			
Name •			ĺ
Address •			
16 Gaming manager information			
Name. •			
Gaming manager compensation ► \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?	17	a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	pent in the		
organization's own exempt activities during the tax year 🕒 \$			
BAA TEEA3703L 02/05/10 Schedule G	(Form 990 or	990-EZ	2009 (

SCHEDULE I (Form 990)

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

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

Attatch to Form 990.

OMB No 1545-0047 2009

Openito Public Inspection

Employer identification number 62-1348105 Part 1 General Information on Grants and Assistance THE DOLLYWOOD FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

2 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered 'Yes' to Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

_	1	,		[1			
A	(h) Purpose of grant or assistance	TO FOSTER READING SKILLS OF YOUNG	CHILDREN					
	(g) Description of non-cash assistance	CHILDREN'S	BOOKS					
	(f) Method of valuation (book, FMV, appraisal, other)		FMV					
	(e) Amount of non-cash assistance		174,534. FMV					
pepea	(d) Amount of cash grant		0					
itional space is r	(c) IRC section if applicable							
Form 990) if add	(b) EIN							
Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government	VARIOUS NOT-FOR-PROFIT ENTITIES- EXCESS OF BOOK PURCHASES OVER	REIMBURSEMENTS,					

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

3 Enter total number of other organizations

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TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Partill: Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 62-1348105 (e) Method of valuation (book, FMV, appraisal, other) __AFTER_RECEIVING_A_LIST_FROM_THE_APPROPRIATE_ENTITIES_(STATE/LOCAL_GOVERNMENTS,_SCHOOL __DISTRICTS, ETC) CONTAINING THE NAMES AND ADDRESSES OF CHILDREN ENTITLED TO RECEIVE ___BOOKS, THE FOUNDATION USES A MAILING SERVICE TO SEND THE BOOKS DIRECTLY TO THE (d) Amount of non-cash assistance 50,625. (c) Amount of cash grant Part I, Line 2 - Grantmaker's Description of How Grants are Used 16 THE DOLLYWOOD FOUNDATION (b) Number of recipients (a) Type of grant or assistance COLLEGE SCHOLARSHIP AWARDS Schedule I (Form 990) 2009 CHILDREN.

BAA

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

2009

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization
THE DOLLYWOOD FOUNDATION

Employer identification number 62-1348105

<u>'an</u>	t Questions Regarding Compensation			
	r		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use		,	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		,	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
			İ	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	ļ	Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Part III			ļ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		X
Ь	Any related organization? .	5 b	<u> </u>	X
	If 'Yes' to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6 b	 	X
	If 'Yes' to line 6a or 6b, describe in Part III	ĺ		
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8_		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		x

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

Schedule J (Form 990) 2009

Page 2

Schedule J (Form 990) 2009 THE DOLLYWOOD FOUNDATION

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 62-1348105

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MIS(MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAVID C. DOTSON	(1)140,782.		0	20,250.	<u>8,050.</u>	179,082.	178,871.
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	(ii)						
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	(ii)						
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	(i)	1 1 1 1 1 1 1 1	: 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ВАА			TEEA4102L 02	02/02/10		Sched	Schedule J (Form 990) 2009

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SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Employer identification number Name of the organization THE DOLLYWOOD FOUNDATION 62-1348105 Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. TWO BOARD MEMBERS ARE EMPLOYED BY THE SAME COMPANY. Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body EACH JANUARY 1ST, THE BOARD CHAIRPERSON, VICE CHAIRMAN, PRESIDENT AND VICE PRESIDENT COLLECTIVELY APPOINT EACH MEMBER OF THE BOARD OF DIRECTORS. Form 990, Part VI, Line 11 - Form 990 Review Process FORM 990 WAS PROVIDED TO AND REVIEWED BY THE PRESIDENT AND TREASURER OF THE FOUNDATION PRIOR TO FILING. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts COMPLIANCE WITH THE POLICY IS MONITORED PERIODICALLY BY THE OFFICERS AND DIRECTORS. Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees EACH YEAR THE BOARD REVIEWS AND APPROVES ALL EMPLOYEE SALARIES BASED ON DUTIES PERFORMED AND COMPARISONS TO OTHER ORGANIZATIONS IN THE IMMEDIATE AREA. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available ALL GOVERNANCE AND FINANCIAL DOCUMENTS ARE AVAILABLE UPON REQUEST.

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
THE DOLLYWOOD FOUNDATION	62-1348105
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2009 Schedule D, Part XIV - Supplemental Information		
THE DOLLYWOOD FOUNDATIO	N 62-1348	
Schedule D, Part XII, Line 2d Other Revenue Included In F/S But Not Included On Form 990		
DIRECT FUNDRAISING & E-COMMERCE EXPENSES REALIZED LOSSES ON INVESTMENTS	\$ 18,995 48,327 Total \$ 67,322	
Schedule D, Part XIII, Line 2d Other Expenses And Losses Per Audited F/S		
DIRECT FUNDRAISING & E-COMMERCE EXPENSES REALIZED LOSSES ON INVESTMENTS	\$ 18,995. 48,327. Total \$ 67,322.	

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Schedule A, Part IV - Supplemental Information  THE DOLLYWOOD FOUNDATION					Page !
Part II, Line 10 - Other Income					
Nature and Source	2009	2008	2007	2006	2005
GROSS CONCERT REVENUES MERCHANDISE SALES Total <u>\$</u>	62,264. 62,264.	219,618. 33,157. \$ 252,775.	119,541. \$ 119,541. \$	173,148. 173,148. \$	164,145. 8,355. 172,500.

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## ADDENDUM TO FORM 990 2009 VALUE OF SERVICES

#### FOR THE PUBLIC RECORD

The structure of Form 990 does not permit a full and proper description of the value of the service offered by The Dollywood Foundation.

The Imagination Library provides a free, new, hard cover, age appropriate book each month to every child enrolled in the program. These books are mailed to the child's home. The Dollywood Foundations pays for all of these books in Sevier County, TN, Stone and Taney Counties, MO, and Horry County, SC. Other communities who wish to replicate the program pay for the books and mailing for their children and utilize the system created by the Foundation.

#### The Foundation specifically:

- Negotiates the cost of the books, labeling, and mailing.
- Selects the books for the Library.
- Develops and provides promotional materials for local efforts.
- Provides information and assistance to local fundraising efforts.
- Floats all of the expenses for the books and mailing services each month (these are ultimately reimbursed by the communities).
- Secures the revenue to cover the administration of this program so none of these expenses are passed on to the local communities.

#### In terms of the financial value:

- The Foundation purchased and mailed \$14,136,000 worth of books in 2009.
- These books and services were obtained at 33% of the current market value, therefore the market value of the books and mailing services was approximately \$42,900,000.