



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

EASTMAN CREDIT UNION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

PO BOX 1989

Room/suite

City or town, state or country, and ZIP + 4

KINGSPORT, TN 37662

D Employer identification number

62-6039479

E Telephone number

(423) 229-8200

G Gross receipts \$ 136,582,780

F Name and address of principal officer

OLAN O JONES

PO BOX 989

KINGSPORT, TN 37662

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) ( 14 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW ECU ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1934

M State of legal domicile

TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

OPERATED DURING 2009 AS A STATE CHARTERED CREDIT UNION WHOSE PURPOSE IS TO BE THE PREFERRED FINANCIAL INSTITUTION OF MEMBERS BY PROVIDING FINANCIAL PRODUCTS AND SERVICES WHICH ADD VALUE TO MEMBERS, GUIDED BY CREDIT UNION CO-OPERATIVE VALUES AND SERVICE EXCELLENCE EXPECTATIONS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

11

10

440

24

960,867

0

Revenue			Prior Year	Current Year
			0	0
			131,386,084	136,160,526
			0	0
			417,137	422,254
			131,803,221	136,582,780
Expenses			0	0
			58,558,545	45,076,758
			21,603,608	23,799,919
			0	0
			45,123,003	51,412,392
			125,285,156	120,289,069
			6,518,065	16,293,711
Net Assets or Fund Balances			Beginning of Current Year	End of Year
			2,043,889,971	2,294,457,202
			1,827,852,934	2,061,576,262
			216,037,037	232,880,940

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2010-05-14

Date

OLAN O JONES PRESIDENT/CEO

Type or print name and title

Preparer's signature

Ornn Peters

Date

2010-05-13

Check if self-employed

☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

Peters and Associates CPAs

PO Box 32278

KNOXVILLE, TN 379302278

EIN

Phone no

(865) 694-7128

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

☒ Yes ☐ No

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

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

OPERATED DURING 2009 AS A STATE CHARTERED CREDIT UNION WHOSE PURPOSE IS TO BE THE PREFERRED FINANCIAL INSTITUTION OF MEMBERS BY PROVIDING FINANCIAL PRODUCTS AND SERVICES WHICH ADD VALUE TO MEMBERS, GUIDED BY CREDIT UNION CO-OPERATIVE VALUES AND SERVICE EXCELLENCE EXPECTATIONS

2

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

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 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 \$ 45,076,758 including grants of \$ ) (Revenue \$ 0 )

OPERATED DURING 2009 AS A STATE CHARTERED MUTUALLY OWNED CREDIT UNION THAT PROMOTED THRIFT BY MAINTAINING ACCOUNTS AND ISSUING SHARES RESULTING IN SUPERIOR VALUE SERVED 113,477 MEMBERS WITH A VARIETY OF DEPOSIT PRODUCTS TOTALING \$1,908,052,422

4b

(Code ) (Expenses \$ 0 including grants of \$ ) (Revenue \$ 0 )

OPERATED DURING 2009 AS A STATE CHARTERED MUTUALLY OWNED CREDIT UNION THAT MADE LOANS TO ITS MEMBERS AT REASONABLE RATES OF INTEREST MAINTAINED A LOAN PORTFOLIO COMPOSED OF CONSUMER, MORTGAGE, HOME EQUITY, VISA AND MEMBER BUSINESS LOANS THAT TOTALED \$1,535,262,020

4c

(Code ) (Expenses \$ 0 including grants of \$ ) (Revenue \$ 0 )

INVESTED ANY SURPLUS NOT REQUIRED FOR LOANS TO EXERCISE THOSE FUNCTIONS DESCRIBED IN THE LAW OF THE STATE OF TENNESSEE AUTHORIZING THE ORGANIZATION OF CREDIT UNIONS THEREBY FURNISHING OTHER COOPERATIVE FINANCIAL SERVICES TO MEMBERS

4d

Other program services (Describe in Schedule O )



(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e

Total program service expenses

\$ 45,076,758

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	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4	
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	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. . . . . 	11	Yes
	• 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III . . . . .	16	No
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	No
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	No
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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	No

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III . . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . .</i>	23	Yes	
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25 . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . .</i>	25a		
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? <i>If "Yes," complete Schedule L, Part I . . . .</i>	25b		
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? <i>If "Yes," complete Schedule L, Part II . . . .</i>	26		No
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>If "Yes," complete Schedule L, Part III . . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . .</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I . . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . .</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>	36		
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? <i>If "Yes," complete Schedule R, Part VI . . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	202,002	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	440	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
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	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
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.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	11	
b	Enter the number of voting members that are independent . . . . .	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, 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		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
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? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
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 exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TAMMIE MCCULLOUGH 2021 MEADOWVIEW LANE KINGSPORT, TN 37660 (423) 578-7401	

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

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 or former officer, director, trustee or key employee

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	1,921,612	0	859,639
-----------	------------------------	-----------	---	---------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
WILSON WORLEY MOORE GAMBLE & STOUT PC 2021 MEADOWVIEW LANE KINGSPORT, TN 37662	LEGAL SERVICES	334,107
THE APPRAISAL CO 3080 HWY 75 SUITE 2 BLOUNTVILLE, TN 37617	APPRAISAL SERVICES	123,900
TOOLCASE LLC 23 INVERNESS WAY NO 165 ENGLWOOD, CO 80112	CONSULTING	115,000

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			0			
Program Service Revenue			Business Code					
	2a	LOAN INTEREST	522,100	96,978,073	96,978,073	0	0	
	b	FEE AND OTHER OPERATING INCOME	522,100	15,693,437	15,039,228	654,209	0	
	c	OTHER INCOME	522,100	665,265	365,207	300,058	0	
	d	INVESTMENT INCOME	522,100	13,469,567	13,469,567	0	0	
	e	RECAP NCUSIF DEPOSIT	522,100	9,354,184	9,354,184	0	0	
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f . . . . .			136,160,526			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .						
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
		Gross Rents		422,254	0			
		b	Less rental expenses	0	0			
		c	Rental income or (loss)	422,254	0			
	d	Net rental income or (loss) . . . . .			422,254	0	6,600	415,654
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)	0	0			
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances .		a				
b		Less cost of goods sold . . . . .	b					
c		Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			0				
12	Total revenue. See Instructions . . . . .			136,582,780	135,206,259	960,867	415,654	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	45,076,758	45,076,758		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,385,944		2,385,944	
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	14,633,660		14,633,660	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,770,255		1,770,255	
9	Other employee benefits . . . . .	3,654,217		3,654,217	
10	Payroll taxes . . . . .	1,355,843		1,355,843	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	25,673		25,673	
c	Accounting . . . . .	60,000		60,000	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	127,077		127,077	
12	Advertising and promotion . . . . .	995,335		995,335	
13	Office expenses . . . . .	2,700,010		2,700,010	
14	Information technology . . . . .	2,941,886		2,941,886	
15	Royalties . . . . .				
16	Occupancy . . . . .	1,943,167		1,943,167	
17	Travel . . . . .	22,046		22,046	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	281,238		281,238	
20	Interest . . . . .	2,872,280		2,872,280	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	2,869,904		2,869,904	
23	Insurance . . . . .				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	PROVISION FOR LOAN LOSS	17,660,000	0	17,660,000	0
b	DEPOSIT AND LENDING SERVICES	5,940,982	0	5,940,982	0
c	TELEPHONE/LEASED EQUIP/POSTAGE	1,062,753	0	1,062,753	0
d	NCUSIF DEPOSIT IMPAIRMENT	9,354,184	0	9,354,184	0
e	NCUA PREMIUM ASSESSMENT	2,555,857	0	2,555,857	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	120,289,069	45,076,758	75,212,311	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)	
					Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .			28,464,889		1	21,129,080
	2	Savings and temporary cash investments . . . . .			57,072,568		2	56,696,764
	3	Pledges and grants receivable, net . . . . .					3	
	4	Accounts receivable, net . . . . .					4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .					5	
	6	Receivables from other disqualified persons (as defined under 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 . . . . .			1,525,052,609		7	1,535,262,020
	8	Inventories for sale or use . . . . .					8	
	9	Prepaid expenses and deferred charges . . . . .			2,224,404		9	3,692,267
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	60,524,575				
	b	Less accumulated depreciation . . . . .	10b	21,085,554	38,981,089		10c	39,439,021
	11	Investments—publicly traded securities . . . . .					11	
	12	Investments—other securities. See Part IV, line 11 . . . . .					12	
	13	Investments—program-related. See Part IV, line 11 . . . . .			358,897,193		13	604,225,978
	14	Intangible assets . . . . .					14	
	15	Other assets. See Part IV, line 11 . . . . .			33,197,219		15	34,012,072
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,043,889,971		16	2,294,457,202	
Liabilities	17	Accounts payable and accrued expenses . . . . .			12,111,480		17	13,818,752
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .					19	
	20	Tax-exempt bond liabilities . . . . .					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			1,798,347		21	1,705,088
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			61,000,000		23	138,000,000
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			1,752,943,107		25	1,908,052,422
	26	Total liabilities. Add lines 17 through 25 . . . . .			1,827,852,934		26	2,061,576,262
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .					27	
	28	Temporarily restricted net assets . . . . .					28	
	29	Permanently restricted net assets . . . . .					29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .			0		30	0
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0		31	0
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			216,037,037		32	232,880,940
	33	Total net assets or fund balances . . . . .			216,037,037		33	232,880,940
	34	Total liabilities and net assets/fund balances . . . . .			2,043,889,971		34	2,294,457,202

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

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, 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

Name of the organization  
EASTMAN CREDIT UNION

Employer identification number  
62-6039479

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

Number of states where property subject to conservation easement is located ►\_\_\_\_\_

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	7,548,272		7,548,272
b Buildings . . . . .	0	35,560,135	8,815,780	26,744,355
c Leasehold improvements . . . . .	0	1,500,435	757,683	742,752
d Equipment . . . . .	0	15,915,733	11,512,091	4,403,642
e Other . . . . .	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				39,439,021





Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1136,582,780
2	Total expenses (Form 990, Part IX, column (A), line 25)	2120,289,069
3	Excess or (deficit) for the year Subtract line 2 from line 1	316,293,711
4	Net unrealized gains (losses) on investments	4-1,221,564
5	Donated services and use of facilities	50
6	Investment expenses	60
7	Prior period adjustments	70
8	Other (Describe in Part XIV)	81,771,756
9	Total adjustments (net) Add lines 4 - 8	9550,192
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1016,843,903

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1136,582,780
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a0	
b	Donated services and use of facilities . . . . .2b0	
c	Recoveries of prior year grants . . . . .2c0	
d	Other (Describe in Part XIV) . . . . .2d0	
e	Add lines 2a through 2d . . . . .	2e0
3	Subtract line 2e from line 1 . . . . .	3136,582,780
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a0	
b	Other (Describe in Part XIV) . . . . .4b0	
c	Add lines 4a and 4b . . . . .	4c0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5136,582,780

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1120,289,069
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a0	
b	Prior year adjustments . . . . .2b0	
c	Other losses . . . . .2c0	
d	Other (Describe in Part XIV) . . . . .2d0	
e	Add lines 2a through 2d . . . . .	2e0
3	Subtract line 2e from line 1 . . . . .	3120,289,069
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a0	
b	Other (Describe in Part XIV) . . . . .4b0	
c	Add lines 4a and 4b . . . . .	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5120,289,069

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	ECU MAINTAINS ESCROW ACCOUNTS ON THE LOANS IN THE MORTGAGE PORTFOLIO FOR PAYMENT OF PROPERTY TAXES AND HOMEOWNER'S INSURANCE. THE ACCOUNTS ARE TREATED AS OTHER DEPOSIT ACCOUNTS AND EARN INTEREST AT THE REGULAR SHARE ACCOUNT RATE AS LONG AS THE ESCROW BALANCE IS POSITIVE. AMOUNTS ARE DEPOSITED MONTHLY AND PAYMENTS ARE MADE AS NECESSARY DURING THE YEAR. ESCROWS ARE "TRUED" ONCE A YEAR TO PREVENT EXCESS OR CORRECT SHORT-FALLS.
SchD_P10_S00_L00	Schedule D, Part X	LINE 2 THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE CREDIT UNION ADOPTED THIS NEW GUIDANCE FOR THE YEAR ENDED DECEMBER 31, 2009. MANAGEMENT EVALUATED THE CREDIT UNION'S TAX POSITIONS AND CONCLUDED THAT THE CREDIT UNION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE CREDIT UNION FILES FORMS 990 AND 990-T.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Unrealized gains (losses) on defined benefit pension plan costs \$1,467,906. Unrealized gains (losses) on post-retirement benefit plan costs \$303,850.

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
EASTMAN CREDIT UNION

Employer identification number  
62-6039479

Part I

Questions Regarding Compensation

		Yes	No
1a	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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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	Yes
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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: <div>a Receive a severance payment or change-of-control payment?</div> <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	Yes
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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: <div>a The organization?</div> <div>b Any related organization?</div> If "Yes," to line 5a or 5b, describe in Part III	5a	
		5b	
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: <div>a The organization?</div> <div>b Any related organization?</div> If "Yes," to line 6a or 6b, describe in Part III	6a	
		6b	
7	For persons 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	
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	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
OLAN O JONES	(i)	391,557	49,790	47,116	435,244	8,654	932,361	904,360
	(ii)	0	0	0	0	0	0	
DAVID WATKINSON	(i)	180,123	17,299	26,027	152,800	10,153	386,402	414,842
	(ii)	0	0	0	0	0	0	0
DARRELL DINSMORE	(i)	142,638	9,314	11,150	23,887	8,124	195,113	218,189
	(ii)	0	0	0	0	0	0	
GARY TUCKER	(i)	123,561	9,327	24,820	22,524	10,396	190,628	208,457
	(ii)	0	0	0	0	0	0	0
KELLY PRICE	(i)	127,783	9,061	16,170	22,319	12,165	187,498	202,072
	(ii)	0	0	0	0	0	0	0
DEBRA BRIDWELL	(i)	113,832	8,448	21,999	21,712	8,067	174,058	179,796
	(ii)	0	0	0	0	0	0	0
CAROL CROSS	(i)	120,110	8,137	10,828	12,999	9,654	161,728	165,391
	(ii)	0	0	0	0	0	0	0
CHERIE MONSON	(i)	111,040	7,952	15,118	12,794	11,254	158,158	157,334
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	THE CREDIT UNION'S EXPENSE POLICY INCLUDES AN ACCOUNTABLE PLAN WHEREBY BUSINESS EXPENSES ARE PAID BY THE CREDIT UNION AND WHEREBY ANY PERMISSIBLE TRAVEL FOR COMPANIONS, PERMITTED BY STATE AND FEDERAL CREDIT UNION REGULATION, ARE INCLUDED AS INCOME TO THE OFFICIAL ON A FORM 1099.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	OLAN O JONES AND DAVID WATKINSON ARE PARTICIPANTS IN A 457(b) PLAN, BUT NO PAYMENTS HAVE BEEN RECEIVED FROM THE PLAN.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization EASTMAN CREDIT UNION	Employer identification number 62-6039479
--	--

Identifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	MARY HALL- BUSINESS RELATIONSHIP THROUGH A COMMON EMPLOYER, NORRIS SNEED-BUSINESS RELATIONSHIP THROUGH A COMMON EMPLOYER, DARRELL MURPHY - BUSINESS RELATIONSHIP THROUGH A COMMON EMPLOYER, JOSEPH DAVIS-BUSINESS RELATIONSHIP THROUGH A COMMON EMPLOYER
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	EASTMAN CREDIT UNION IS A MEMBER OWNED NON-PROFIT TAX EXEMPT CORPORATION IN WHICH EACH MEMBER OWNS AN EQUAL SHARE
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	EASTMAN CREDIT UNION'S MEMBERS ELECT MEMBERS OF THE BOARD OF DIRECTORS AT THE CREDIT UNION'S ANNUAL MEETING IN THE EVENT THERE IS A VACANCY PRIOR TO THE ANNUAL MEETING, THE CHAIR OF THE BOARD OF DIRECTORS MAY APPOINT AN INTERIM TO SERVE UNTIL THE ANNUAL MEETING
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	EASTMAN CREDIT UNION'S MEMBERS HAVE THE RIGHT TO VOTE, ON A PER CAPITA BASIS, ON DISSOLUTION OF THE CREDIT UNION, MERGER WITH ANOTHER CREDIT UNION, EXPULSION OF A MEMBER, CONVERSION FROM A STATE TO A FEDERALLY CHARTERED CREDIT UNION, CONVERSION TO ANOTHER TYPE OF FINANCIAL INSTITUTION, OR TO OVERRULE A DECISION OF THE CREDIT UNION'S BOARD OF DIRECTORS
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	EASTMAN CREDIT UNION'S FORM 990 IS PREPARED WITH THE ASSISTANCE OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT PRIOR TO FILING THE FORM 990, IT IS REVIEWED BY ECU'S CEO, CFO, CHIEF COUNSEL, VP OF HUMAN RESOURCES, AND CONTROLLER A COPY OF THE FORM 990 IS MADE AVAILABLE TO ECU'S BOARD OF DIRECTORS AFTER IT IS FILED
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	PRIOR TO EMPLOYMENT, ALL EMPLOYEES AND OFFICERS OF EASTMAN CREDIT UNION ARE REQUIRED TO DISCLOSE ALL POTENTIAL CONFLICTS OF INTEREST AND MUST AGREE TO UPDATE THE DISCLOSURE IN THE EVENT ANY CONFLICTS ARISE SUBSEQUENT TO EMPLOYMENT PRIOR TO SERVING ON THE BOARD OF DIRECTORS, ALL PROSPECTIVE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ALL POTENTIAL CONFLICTS OF INTEREST ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ALSO REQUIRED TO DISCLOSE ALL POTENTIAL CONFLICTS OF INTEREST ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ALSO REQUIRED TO COMPLETE AN UPDATED DISCLOSURE AT LEAST ANNUALLY IT IS THE RESPONSIBILITY OF THE PRESIDENT OR CHAIR OF THE BOARD OF DIRECTORS TO DETERMINE THE RESOLUTION OF ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST MEMBERS OF THE BOARD OF DIRECTORS DO NOT PARTICIPATE IN DELIBERATIONS OR VOTING ON MATTERS WHERE AN ACTUAL OR APPARENT CONFLICT OF INTEREST EXISTS
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	EASTMAN CREDIT UNION (ECU) ANNUALLY PARTICIPATES IN EXECUTIVE COMPENSATION SURVEYS OF REPUTABLE COMPENSATION CONSULTANTS BY PROVIDING CURRENT BASE AND TOTAL COMPENSATION INFORMATION OF THE ECU OFFICERS THE CONSULTING GROUPS FOCUS ON COMPARATIVE COMPENSATION INFORMATION WITHIN THE CREDIT UNION INDUSTRY AS A RESULT OF PARTICIPATION, ECU RECEIVES DATA COMPILATION REPORTS AND ANALYSES FROM THE STUDIES CONDUCTED BY THESE COMPENSATION EXPERTS RANKING AND COMPARATIVE INFORMATION FOR EACH REVELANT POSITION IS PROVIDED IN BOTH STUDIES ECU STUDIES AND UTILIZES PEER GROUP INFORMATION RELATIVE TO ECU'S ASSET SIZE AS BENCHMARK DATA EASTMAN CREDIT UNION WORKS WITH CONSULTANTS FROM EACH RESPECTIVE CONSULTING FIRM TO OBTAIN SPECIAL DATA CUTS, CLARIFYING INFORMATION , AND ADVICE REGARDING MATCHING OF ECU POSITIONS TO BENCHMARK JOBS, INDUSTRY AVERAGE INCREASE IN EXECUTIVE COMPENSATION, AND OTHER INFORMATION RELATED TO EXECUTIVE BASE AND TOTAL COMPENSATION FACTORS THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDES A RECAP OF COMPENSATION STUDY INFORMATION, CONSULTANT RECOMMENDATIONS, COMPENSATION COMPARISONS, AND OTHER RELEVANT INFORMATION IN A PRESENTATION FORMAT DURING A MEETING OF THE COMPENSATION COMMITTEE (SUBCOMMITTEE OF THE BOARD OF DIRECTORS, CHAIRED BY THE BOARD CHAIR) THE COMPENSATION COMMITTEE REVIEWS THE DATA, DISCUSSES AND PRESENTS QUESTIONS RELATED TO THE INFORMATION PROVIDED WHEN NECESSARY THE VP OF HUMAN RESOURCES WILL FOLLOW-UP WITH COMPENSATION CONSULTANTS FOR ADDITIONAL INFORMATION TO BE PRESENTED FOR DISCUSSION AND CONSIDERATION THE COMPENSATION COMMITTEE APPROVES AN AVERAGE SALARY INCREASE FOR THE CEO'S DIRECT REPORTS AND AUTHORIZES THE CEO TO AWARD INDIVIDUAL SALARY INCREASES ACCORDINGLY FINAL AWARDS ARE DOCUMENTED AND SIGNED BY BOTH THE CEO AND THE CHAIR OF THE COMPENSATION COMMITTEE THIS DOCUMENT IS SUBMITTED TO PAYROLL VIA THE VP OF HUMAN RESOURCES THE COMPENSATION COMMITTEE MEETS IN EXECUTIVE SESSION TO FURTHER CONSIDER COMPENSATION DATA FOR THE CEO FINAL AWARD IS DOCUMENTED AND SIGNED AS APPROVED BY THE CHAIR OF THE COMPENSATION COMMITTEE THIS DOCUMENT IS SUBMITTED TO PAYROLL VIA THE VP OF HUMAN RESOURCES ORIGNAL DOCUMENTS ARE MAINTAINED ON FILE IN THE HUMAN RESOURCES DEPARTMENT
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	THE GOVERNING DOCUMENTS AND OTHER RECORDS AND POLICIES OF ECU ARE NOT GENERALLY MADE AVAILABLE TO THE PUBLIC ECU MEMBERS ARE ENTITLED TO INSPECT CERTAIN RECORDS OF THE CREDIT UNION AFTER COMPLYING WITH THE REQUIREMENTS OF STATE LAW FINANCIAL INFORMATION IS POSTED ON ECU'S WEBSITE AND PUBLISHED IN THE ANNUAL REPORT

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

# 2009

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Employer identification number

62-6039479

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)  
Name, address, and EIN of disregarded entity

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Total income

(e)  
End-of-year assets

(f)  
Direct controlling  
entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)  
Name, address, and EIN of related organization

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Exempt Code section

(e)  
Public charity status  
(if section 501(c)(3))

(f)  
Direct controlling  
entity

Part III

Identification of Related Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
EASTMAN CREDIT UNION FINANCIAL SERVICES INC 201 SOUTH WILCOX DRIVE KINGSPORT, TN37662	INSURANCE	TN	EASTMAN CREDIT UNION	C	24,626	106,285	1 00 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) EASTMAN CREDIT UNION FINANCIAL SERVICES INC	a-iv	6,600
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		



**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:  
Software Version:  
EIN: 62-6039479  
Name: EASTMAN CREDIT UNION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
B FIELDING ROLSTON CHAIRPERSON, BOARD OF DIRECTORS	2 00	X						0	0	0
GREG O NELSON VICE-CHAIRMAN, BOARD OF DIRECTORS	1 00	X						0	0	0
DARRELL P MURPHY SECRETARY, BOARD OF DIRECTORS	1 00	X						971	0	0
MARY D HALL TREASURER, BOARD OF DIRECTORS	1 00	X						0	0	0
JOSEPH D DAVIS III BOARD OF DIRECTORS	1 00	X						0	0	0
E WAYNE KIRK BOARD OF DIRECTORS	1 00	X						0	0	0
LISA A MCCONNELL BOARD OF DIRECTORS	1 00	X						0	0	0
MARK E MILLWOOD BOARD OF DIRECTORS	1 00	X						0	0	0
EILEEN T MOWRY BOARD OF DIRECTORS	1 00	X						0	0	0
NORRIS P SNEED BOARD OF DIRECTORS	1 00	X						0	0	0
OLAN O JONES BOARD OF DIRECTORS/PRESIDENT/CEO	40 00	X		X				488,463	0	443,898
DAVID WATKINSON EXEC VP/CHIEF FINANCIAL OFFICER	40 00			X				223,449	0	162,953
DARRELL DINSMORE VP/INFORMATION TECHNOLOGY	40 00			X				163,102	0	32,011
GARY TUCKER SENIOR VP/MARKETING	40 00			X				157,708	0	32,920
KELLY PRICE VP/MEMBER SERVICE & LENDING	40 00			X				153,014	0	34,484
DEBRA BRIDWELL VICE PRESIDENT/OPERATIONS	40 00			X				144,279	0	29,779
CAROL CROSS VICE PRESIDENT/HUMAN RESOURCES	40 00			X				139,075	0	22,653
CHERIE MONSON VICE PRESIDENT/CHIEF COUNSEL	40 00			X				134,110	0	24,048
LINDA M HALL REGIONAL MARKET MANAGER	40 00					X		110,578	0	25,034
TAMMY LATTURE MANAGER SERVICE CENTER	40 00					X		103,485	0	29,496
DAVID GRAHAM REGIONAL MARKET MANAGER	40 00					X		103,378	0	22,363

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
LOAN INTEREST	522,100	96,978,073	96,978,073	0	0
FEE AND OTHER OPERATING INCOME	522,100	15,693,437	15,039,228	654,209	0
OTHER INCOME	522,100	665,265	365,207	300,058	0
INVESTMENT INCOME	522,100	13,469,567	13,469,567	0	0
RECAP NCUSIF DEPOSIT	522,100	9,354,184	9,354,184	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR LOAN LOSS	17,660,000	0	17,660,000	0
DEPOSIT AND LENDING SERVICES	5,940,982	0	5,940,982	0
TELEPHONE/LEASED EQUIP/POSTAGE	1,062,753	0	1,062,753	0
NCUSIF DEPOSIT IMPAIRMENT	9,354,184	0	9,354,184	0
NCUA PREMIUM ASSESSMENT	2,555,857	0	2,555,857	0