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990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Tennessee Lettermen's T Club

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 47

City or town, state or country, and ZIP + 4
Knoxville, TN 37901

D Employer identification number
62-1535136

E Telephone number

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ☒ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ►

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less: cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
6b	21,582
c	Less: direct expenses from gaming and fundraising events
6c	19,739
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
6d	1,843
7a	Gross sales of inventory, less returns and allowances
7a	6,354
b	Less: cost of goods sold
7b	8,169
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
7c	-1,815
8	Other revenue (describe in Schedule O)
8	515
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
9	40,146
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
10	2,500
11	Benefits paid to or for members
11	
12	Salaries, other compensation, and employee benefits
12	
13	Professional fees and other payments to independent contractors
13	
14	Occupancy, rent, utilities, and maintenance
14	
15	Printing, publications, postage, and shipping
15	35,000
16	Other expenses (describe in Schedule O)
16	9,410
17	Total expenses. Add lines 10 through 16
17	46,910
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)
18	-6,764
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
19	246,266
20	Other changes in net assets or fund balances (explain in Schedule O)
20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20
21	239,502

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2010)

SCANNED JUN 18 2011

Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	246,266	22 239,502
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	246,266	25 239,502
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	246,266	27 239,502

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? See Attached

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	See Attached		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	6,262
29	See Attached		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	13,477
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	19,739

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		☒
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	☒	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?		☒
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \$0.00		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization \$0.00		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		☒
41 List the states with which a copy of this return is filed. TN does not require a tax return to be filed		
42a The organization's books are in care of Zibbie Karen Telephone no. 865.974.9054 Located at 230 Thompson Bowling Arena, 1600 Philip Fulmer Way, Knoxville, TN ZIP + 4 37966		
b 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)?		☒
If "Yes," enter the name of the foreign country: N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? N/A		☒
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
c Did the organization receive any payments for indoor tanning services during the year?		☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☒
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☒
b If "Yes," was the related organization a section 527 organization?	49b	☒

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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.

Sign Here	<i>Condredge Holloway II</i>	<i>04/28/11</i>
	Signature of officer	Date
	Condredge Holloway	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	Pat Reid	<i>PR</i>	4-27-11		379-68-2830
	Firm's name Patrick Reid	Firm's EIN			
	Firm's address 1106 Eastwood Ave SE, Grand Rapids, MI 49506	Phone no	616-940-3823		

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Tennessee Lettermen's T Club

Employer identification number

62-1535136

Line 8: Other Revenue: Miscellaneous donations and expense reimbursements.

Line 10: Grants & Similar Amounts Paid: Tennessee Lettermen's T club contributed to the University of Tennessee Athletic Department

Capital Campaign

Line 16: Other Expenses: Website Maintenance, Maintenance of Lettermen's Wall, Taxes, Annual State Filing, and Food

Tennessee Lettermens T Club
62-1535136
December 31, 2010

Form 990 EZ - Part III

The primary purposes of Tennessee Lettermen's "T" Club are:

- a) To establish a national organization designed to promote and preserve the friendships and loyalties enjoyed by former athletes of the University of Tennessee, Knoxville.
- b) To support the University of Tennessee, its Athletic Board, Athletic Department, and office of Alumni Affairs, in its continuing efforts toward improving the University's facilities and programs, in its goal of maintaining a position of national prominence and reputation for all "volunteer" intercollegiate athletic teams.
- c) To foster and promote the highest principles and ethical standards of sportsmanship by participants, and to improve recognition thereof students, alumni, and spectators at all sports events at The University.
- d) Recognize outstanding achievement and service to the athletic programs of The University.
- e) To perform such other activities or things incidental to or connected with the advancement of the forgoing purposes; but not for pecuniary profit or financial gain of its members, directors, or officers, except as may be permitted by laws governing "Not-for-Profit" corporations.

Tennessee Lettermens T Club
62-1535136
December 31, 2010

Form 990 EZ - Part III

Line 28a

An annual Golf Tournament was held in the spring of 2010 which was open to all University of Tennessee Lettermen, their family and friends. The purpose of the Golf Tournament was to promote and preserve the friendships and loyalties enjoyed by former athletes of the University of Tennessee, Knoxville.

Total Expenses \$6,262

Line 29a

The Tennessee Lettermen's T Club held a Lettermen's Reunion in 2010. The purpose of the event was to recognize outstanding Tennessee Lettermen for their time contributions to the University of Tennessee and to promote and preserve the friendships and loyalties enjoyed by former athletes of the University of Tennessee, Knoxville.

Total Expenses \$13,477

December 31, 2010

Form 990 EZ - Part IV

List of Officers, Directors, Trustees and Key Employees

Name and Address	Title and Ave Hours per Week	Compensation	Contributions to Employee Benefit Plan	Expense Account and other Allowances
Jack Kile P.O. Box 47 Knoxville, TN 37901	Past President < 5 hrs	\$0.00	\$0.00	\$0.00
Bobby Gaylor P.O. Box Knoxville, TN 37901	President < 5 hrs	\$0.00	\$0.00	\$0.00
Chris Wampler P.O. Box 47 Knoxville, TN 37901	President Elect < 5 hrs	\$0.00	\$0.00	\$0.00
Bobby Gratz P.O. Box 47 Knoxville, TN 37901	Vice President < 5 hrs	\$0.00	\$0.00	\$0.00
Mike Stratton P.O. Box 47 Knoxville, TN 37901	Vice President < 5 hrs	\$0.00	\$0.00	\$0.00
Dennis Wolfe P.O. Box 47 Knoxville, TN 37901	Vice President < 5 hrs	\$0.00	\$0.00	\$0.00
Lisa Reagon P.O. Box 47 Knoxville, TN 37901	Sec/Treasurer < 5 hrs	\$0.00	\$0.00	\$0.00
Condredge Holloway P.O. Box 47 Knoxville, TN 37901	Executive Dir. 20 hrs	\$0.00	\$0.00	\$0.00
Zibbie Karen P.O. Box 47 Knoxville, TN 37901	Director 20 hrs	\$0.00	\$0.00	\$0.00
Lynne Canan P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Jeff Christensen P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Tom Johnson P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Charlie Severance P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Lee North P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Jani Trupovnieks P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00

Robbie Franklin P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Bobby Sandlin P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Tim Fitchpatrick P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Jessica Blevins P.O. Box 47 Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Dayton Hylton P.O. Box Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00
Lisa Wiles P.O. Box Knoxville, TN 37901	Director < 5 hrs	\$0.00	\$0.00	\$0.00