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<div>Form 990</div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div>The organization may have to use a copy of this return to satisfy state reporting requirements</div>	<div>OMB No 1545-0047</div> <div>2010</div> <div>Open to Public Inspection</div>
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
<div>B</div> <div>Check if applicable</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Terminated</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Application pending</div>	<div>C Name of organization EASTMAN CREDIT UNION</div> <div>Doing Business As</div> <div>Number and street (or P O box if mail is not delivered to street address) PO BOX 1989</div> <div>Room/suite</div> <div>City or town, state or country, and ZIP + 4 KINGSPORT, TN 37662</div>	<div>D Employer identification number 62-6039479</div> <div>E Telephone number (423) 229-8200</div> <div>G Gross receipts \$ 121,285,592</div>
	<div>F Name and address of principal officer OLAN O JONES PO BOX 1989 KINGSPORT, TN 37662</div>	<div>H(a) Is this a group return for affiliates?<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>H(b) Are all affiliates included?<input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)</div> <div>H(c) Group exemption number ▶</div>
	<div>I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (14) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</div>	
	<div>J Website: ▶ WWW ECU ORG</div>	
	<div>K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</div> <div>L Year of formation 1934</div> <div>M State of legal domicile TN</div>	

Part I		Summary	
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities OPERATED DURING 2010 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 <input type="checkbox"/> 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)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	483
	6 Total number of volunteers (estimate if necessary)	6	23
	7a	1,086,587	
	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,160,526	121,020,075
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	422,254	265,517
		136,582,780	121,285,592
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	45,076,758	35,838,391
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,799,919	26,058,703
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	51,412,392	32,527,098
	19 Revenue less expenses Subtract line 18 from line 12	120,289,069	94,424,192
Net Assets or Fund Balances		16,293,711	26,861,400
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,294,457,202	2,334,750,760
	21 Total liabilities (Part X, line 26)	2,061,576,262	2,076,716,065
	22 Net assets or fund balances Subtract line 21 from line 20	232,880,940	258,034,695

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.				
Sign Here	<div>Signature of officer</div>			<div>2011-05-16</div> <div>Date</div>	
	<div>OLAN O JONES PRESIDENT/CEO</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	<div>Print/Type preparer's name</div> Ornn Peters	<div>Preparer's signature</div> Ornn Peters	<div>Date</div> 2011-05-16	<div>Check if self-employed ▶ <input type="checkbox"/></div>	<div>PTIN</div>
	<div>Firm's name ▶ Peters and Associates CPAs</div>				<div>Firm's EIN ▶</div>
	<div>Firm's address ▶ PO Box 32278</div> <div>KNOXVILLE, TN 379302278</div>				<div>Phone no ▶ (865) 694-7128</div>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

OPERATED DURING 2010 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 \$ 35,838,391 including grants of \$ 0) (Revenue \$ 121,285,592)

OPERATED DURING 2010 AS A STATE CHARTERED MUTUALLY OWNED CREDIT UNION THAT PROMOTED THRIFT BY MAINTAINING ACCOUNTS AND ISSUING SHARES RESULTING IN SUPERIOR VALUE SERVED 119,709 MEMBERS WITH A VARIETY OF DEPOSIT PRODUCTS TOTALING \$2,036,683,717

4b

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

OPERATED DURING 2010 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 \$1,626,021,078

4c

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

\$ 35,838,391

Form 990 (2010)

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b 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.	11b	No
c 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. 	11c	Yes
d 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.	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 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	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? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	
	1a198,097	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	
	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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.	2a483
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2bYes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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)?	4aNo
b	If "Yes," enter the name of the foreign country: See instructions for 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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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?	6aNo
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b9		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees, if any See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors , institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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				
(1) B FIELDING ROLSTON CHAIRPERSON, BOARD OF DIRECTORS	2	X						0	0	0	
(2) DARRELL P MURPHY SECRETARY, BOARD OF DIRECTORS	1	X						0	0	0	
(3) MARY D HALL TREASURER, BOARD OF DIRECTORS	1	X						0	0	0	
(4) JOSEPH D DAVIS III BOARD OF DIRECTORS	1	X						0	0	0	
(5) E WAYNE KIRK BOARD OF DIRECTORS	1	X						0	0	0	
(6) LISA A MCCONNELL BOARD OF DIRECTORS	1	X						0	0	0	
(7) MARK E MILLWOOD BOARD OF DIRECTORS	1	X						0	0	0	
(8) EILEEN T MOWRY BOARD OF DIRECTORS	1	X						0	0	0	
(9) NORRIS P SNEED BOARD OF DIRECTORS	1	X						1,168	0	0	
(10) OLAN O JONES JR BOARD OF DIRECTORS/PRESIDENT/CEO	40	X		X				571,086	0	511,943	
(11) DAVID W ATKINSON EXEC VP/CHIEF FINANCIAL OFFICER	40			X				248,510	0	189,443	
(12) DARRELL DINSMORE VP/INFORMATION TECHNOLOGY	40			X				180,520	0	43,454	
(13) GARY TUCKER SENIOR VP/MARKETING	40			X				168,038	0	46,320	
(14) KELLY PRICE VP/MEMBER SERVICE & LENDING	40			X				170,311	0	45,631	
(15) DEBRA BRIDWELL VICE PRESIDENT/OPERATIONS	40			X				166,140	0	38,676	
(16) CAROL CROSS VICE PRESIDENT/HUMAN RESOURCES	40			X				156,887	0	24,249	

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) CHERIE MONSON VICE PRESIDENT/CHIEF COUNSEL	40			X				155,982	0	26,056
(18) TAMMY LATTURE VP/MEMBER SERVICE LENDING	40			X				118,373	0	40,563
(19) DAVID GRAHAM REGIONAL MARKET MANAGER	40					X		110,273	0	22,909
(20) THOMAS KENNEDY BUSINESS SERVICES PRODUCT DEVELOPMENT MGR	40					X		105,220	0	27,192
(21) ROBINETTE WILKERSON CONTROLLER	40					X		102,269	0	27,112
(22) LINDA EVANS REGIONAL MARKET MANAGER	40					X		101,342	0	15,538
(23) LINDA COX MANAGER, FACILITIES & ANCILLARY MEMBER SVCS	40					X		101,246	0	33,807
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,457,365	0	1,092,893

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization14

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No
4	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>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1Complete 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	391,869
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	2	

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		522100	93,689,357	93,689,357	0	0	
	b FEE AND OTHER OPERATING INCOME		522100	15,553,915	14,798,313	755,602	0	
	c OTHER INCOME		522100	381,284	56,899	324,385	0	
	d INVESTMENT INCOME		522100	11,395,519	11,395,519	0	0	
	e							
	f All other program service revenue			0	0	0	0	
	g Total. Add lines 2a-2f ▶			121,020,075				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶							
	4 Income from investment of tax-exempt bond proceeds . . ▶							
	5 Royalties ▶							
			(i) Real	(ii) Personal				
	6a Gross Rents		265,517	0				
	b Less rental expenses		0	0				
	c Rental income or (loss)		265,517	0				
	d Net rental income or (loss) ▶			265,517	0	6,600	258,917	
			(i) Securities	(ii) Other				
	7a 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 ▶			121,285,592	119,940,088	1,086,587	258,917		

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	35,838,391	35,838,391		
5	Compensation of current officers, directors, trustees, and key employees	2,902,185		2,902,185	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,125,501		16,125,501	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,582,979		1,582,979	
9	Other employee benefits	3,954,700		3,954,700	
10	Payroll taxes	1,493,338		1,493,338	
a	Fees for services (non-employees) Management				
b	Legal	315,954		315,954	
c	Accounting	96,900		96,900	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	127,855		127,855	
12	Advertising and promotion	1,370,948		1,370,948	
13	Office expenses	3,152,287		3,152,287	
14	Information technology	3,075,600		3,075,600	
15	Royalties				
16	Occupancy	1,939,391		1,939,391	
17	Travel	36,389		36,389	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	319,035		319,035	
20	Interest	1,649,003		1,649,003	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,891,570		2,891,570	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROVISION FOR LOAN LOSS	5,900,000	0	5,900,000	0
b	DEPOSIT AND LENDING SERVICES	5,923,347	0	5,923,347	
c	TELEPHONE/LEASED EQUIPMENT/POSTAGE	1,004,290	0	1,004,290	0
d	NCUSIF STABILIZATION EXP AND PREMIUM ASSESSMENT	4,724,529	0	4,724,529	0
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	94,424,192	35,838,391	58,585,801	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			21,129,080	1	28,788,329
	2	Savings and temporary cash investments			56,696,764	2	123,482,668
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			1,535,262,020	7	1,626,021,078
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,692,267	9	3,902,270
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	63,499,659	39,439,021	10c	42,896,284
	b	Less: accumulated depreciation	10b	20,603,375			
	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			604,225,978	13	475,250,152
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			34,012,072	15	34,409,979
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,294,457,202	16	2,334,750,760
Liabilities	17	Accounts payable and accrued expenses			13,818,752	17	16,403,678
	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			1,705,088	21	1,628,670
	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			138,000,000	23	22,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			1,908,052,422	25	2,036,683,717
	26	Total liabilities. Add lines 17 through 25			2,061,576,262	26	2,076,716,065
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			232,880,940	32	258,034,695
	33	Total net assets or fund balances			232,880,940	33	258,034,695
	34	Total liabilities and net assets/fund balances			2,294,457,202	34	2,334,750,760

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	121,285,592
2	Total expenses (must equal Part IX, column (A), line 25)	2	94,424,192
3	Revenue less expenses Subtract line 2 from line 1	3	26,861,400
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	232,880,940
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,707,645
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	258,034,695

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
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)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization EASTMAN CREDIT UNION	Employer identification number 62-6039479
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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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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) 2010

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	8,568,150		8,568,150
b Buildings	0	37,881,572	9,607,721	28,273,851
c Leasehold improvements	0	1,157,105	735,363	421,742
d Equipment	0	15,690,103	10,260,291	5,429,812
e Other	0	202,729	0	202,729
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				42,896,284

Schedule D (Form 990) 2010

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)	1	121,285,592
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	94,424,192
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	26,861,400
4	Net unrealized gains (losses) on investments	4	-1,540,087
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-167,558
9	Total adjustments (net) Add lines 4 - 8	9	-1,707,645
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	25,153,755

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	121,285,592
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	121,285,592
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	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	121,285,592

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	94,424,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	94,424,192
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	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	94,424,192

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_L02	Schedule D, Part X, Line 2	MANAGEMENT EVALUATED THE CREDIT UNION AND SUBSIDIARY'S TAX POSITIONS AND CONCLUDED THAT THE CREDIT UNION AND SUBSIDIARY 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 (\$128,517). UNREALIZED GAINS/LOSSES ON POST-RETIREMENT BENEFITS PLAN COSTS (\$39,041).

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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
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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		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
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		
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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		
a The organization?	5a	
b Any related organization?	5b	
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		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," to line 6a or 6b, describe in Part III		
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 duplicate copies if additional space is 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				
(1) OLAN O JONES JR	(i)	420,031	103,939	47,116	503,200	8,743	1,083,029	932,361
	(ii)	0	0	0	0	0	0	
(2) DAVID W ATKINSON	(i)	190,748	35,762	22,000	178,700	10,743	437,953	386,402
	(ii)	0	0	0	0	0	0	
(3) DARRELL DINSMORE	(i)	143,486	19,874	17,160	34,950	8,504	223,974	195,113
	(ii)	0	0	0	0	0	0	
(4) KELLY PRICE	(i)	134,089	18,732	17,490	33,338	12,293	215,942	187,498
	(ii)	0	0	0	0	0	0	
(5) GARY TUCKER	(i)	124,653	18,547	24,838	32,184	14,136	214,358	190,628
	(ii)	0	0	0	0	0	0	
(6) DEBRA BRIDWELL	(i)	123,696	17,715	24,729	32,939	5,737	204,816	174,058
	(ii)	0	0	0	0	0	0	
(7) CAROL CROSS	(i)	126,501	16,982	13,404	14,003	10,246	181,136	161,728
	(ii)	0	0	0	0	0	0	
(8) CHERIE MONSON	(i)	126,587	17,221	12,174	14,063	11,993	182,038	158,158
	(ii)	0	0	0	0	0	0	
(9) TAMMY LATTURE	(i)	93,249	8,624	16,500	26,377	14,186	158,936	132,981
	(ii)	0	0	0	0	0	0	
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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.

Identifier	Return 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 PERMISSABLE TRAVEL FOR COMPANIONS PERMITTED BY STATE AND FEDERAL CREDIT UNION REGULATIONS, ARE INCLUDED AS INCOME TO THE OFFICIAL ON A FORM 1099.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	OLAN O. JONES, JR. AND DAVID W. ATKINSON ARE PARTICIPANTS IN A 457(B) PLAN, BUT NO PAYMENTS HAVE BEEN RECEIVED FROM THE PLAN.

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 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 EASTMAN CREDIT UNION	Employer identification number 62-6039479
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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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	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

Identifier	Return Reference	Explanation
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 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.

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	<p>EASTMAN CREDIT UNION 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 COMPENSTION 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 REVELANT 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. ORIGINAL DOCUMENTS ARE MAINTAINED ON FILE IN THE HUMAN RESOURCES DEPARTMENT.</p>

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	THE GOVERNING DOCUMENTS AND OTHER RECORDS AND POLICIES OF THE 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

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	CHANGES IN NET ASSETS AND FUND BALANCES TOTALING (\$1,707,645) CONSIST OF THE FOLLOWING UNREALIZED HOLDING GAINS (LOSSES) ON INVESTMENTS CLASSIFIED AS AVAILABLE FOR SALE (\$1,540,087), NET DEFINED BENEFIT PENSION PLAN COSTS ADJUSTMENTS (\$128,517), NET POSTRETIREMENT BENEFIT PLAN COSTS ADJUSTMENTS (\$39,041)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
EASTMAN CREDIT UNION

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	(g) Section 512(b)(13) controlled organization	
						Yes	No

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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
(1) EASTMAN CREDIT UNION FINANCIAL SERVICES INC 201 SOUTH WILCOX DRIVE KINGSPORT, TN37662	INSURANCE	TN	EASTMAN CREDIT UNION	C	9,571	115,856	1 00 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k No

1l No

1m No

1n No

1o No

1p No

1q No

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	(d) Method of determining amount involved
(1) EASTMAN CREDIT UNION FINANCIAL SERVICES INC	a-iv	6,600	SPACE OCCUPIED
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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