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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
9111 CROSS PARK DRIVE
ROOM/SUITE D-100

City or town, state or country, and ZIP + 4
KNOXVILLE, TN 37923

D Employer identification number
62-1493851

E Telephone number
(865) 691-2551

G Gross receipts $ 47,459,609

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ETHRA ORG

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ HRA | **L** Year of formation 1974 | **M** State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ETHRA WAS ESTABLISHED IN 1974 IN ACCORDANCE WITH TITLE 13 CHAPTER 26, AS AMENDED, OF TENNESSEE CODE ANNOTATED THIS LEGISLATION ESTABLISHES A NINE REGION STATEWIDE SYSTEM TO DELIVER HUMAN RESOURCE SERVICES AND PROGRAMS TO TENNESSEE CITIZENS FOR TENNESSEE'S LOCAL GOVERNMENTS

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	97
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	97
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,055
6	Total number of volunteers (estimate if necessary)	**6**	145
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	40,244,882	40,245,573
9	Program service revenue (Part VIII, line 2g)	6,328,935	6,895,801
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,261	24,988
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	338,092	293,247
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,937,170	47,459,609
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,794,533	19,187,785
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,395,199	13,273,042
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	15,831,372	13,834,256
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	44,021,104	46,295,083
19	Revenue less expenses Subtract line 18 from line 12	2,916,066	1,164,526

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,579,202	17,674,321
21	Total liabilities (Part X, line 26)	7,692,577	7,623,170
22	Net assets or fund balances Subtract line 21 from line 20	8,886,625	10,051,151

Net Assets or Fund Balances

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

****** | 2012-01-20
Signature of officer | Date

GARY W HOLIWAY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
THOMAS M JONES	THOMAS M JONES	2012-03-08		

Firm's name ▶ CRAINE THOMPSON & JONES PC | Firm's EIN ▶

Firm's address ▶ 225 W FIRST NORTH ST
MORRISTOWN, TN 37814 | Phone no ▶ (423) 586-7650

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

ETHRA WAS ESTABLISHED IN 1974 IN ACCORDANCE WITH TITLE 13 CHAPTER 26, AS AMENDED, OF TENNESSEE CODE ANNOTATED THIS LEGISLATION ESTABLISHES A NINE REGION STATEWIDE SYSTEM TO DELIVER HUMAN RESOURCE SERVICES AND PROGRAMS TO TENNESSEE CITIZENS FOR TENNESSEE'S LOCAL GOVERNMENTS

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 $ 8,566,648 including grants of $) (Revenue $ 8,773,319)

AGING-SUBSIDIZE OPERATIONS OF SENIOR CITIZEN CENTERS AND LOCAL OFFICES ON AGING IN 16 EAST TENNESSEE COUNTIES AND PROVIDE LONG-TERM PLANNING, COORDINATION OF SERVICES, AND SPECIAL PROGRAMS FOR THE AGING PROVIDES NUTRITIOUS LUNCHES AT HOME AND AT CONGREGATE MEAL SITES IN A 16-COUNTY REGION PROVIDES IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS TO ACT AS OMBUDSMEN FOR AREA NURSING HOMES, INVESTIGATES AND RESOLVES PATIENT COMPLAINTS COURT-APPOINTED GUARDIANS FOR INCOMPETENT SENIOR CITIZENS SUPPORTS AND PLANS ACTIVITIES PROMOTING THE HEALTH OF SENIOR CITIZENS IN A 16-COUNTY REGION PROVIDES LEGAL ASSISTANCE TO THE ELDERLY

4b (Code) (Expenses $ 9,164,141 including grants of $) (Revenue $ 9,052,890)

HOUSING AND RESTORATION - PROVIDES HEATING AND COOLING ASSISTANCE TO LOW-INCOME HOUSEHOLDS, REPAIR HOMES OF LOW-INCOME RESIDENTS, PROVIDE MATERIALS AND LABOR TO WEATHERIZE HOMES OF LOW-INCOME INDIVIDUALS

4c (Code) (Expenses $ 8,894,399 including grants of $) (Revenue $ 8,737,745)

WORKFORCE DEVELOPMENT-PROVIDES JOB SEARCH, TRAINING, AND PLACEMENT ASSISTANCE PROVIDES SUPPORT SERVICES TO WELFARE RECIPIENTS PREPARING FOR AND ENTERING EMPLOYMENT SET UP AND OPERATE ONE-STOP CENTERS IN LOCAL WORKFORCE INVESTMENT AREA 4 SUPERVISES EMPLOYMENT OF LOW-INCOME SENIOR CITIZENS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 19,644,000 including grants of $ 19,187,785) (Revenue $ 20,895,655)

4e **Total program service expenses** ▶ $ 46,269,188

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
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		No
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, line10? *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		No
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		No
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	Yes	
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		No
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
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," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	755		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,055		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	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?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ 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?			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization 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?			14a	No
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	1a	97		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	97		
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		No
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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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 ▶ TN

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

☐ Own website ☐ Another's website ☑ 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 ▶

GARY HOLIWAY
9111 CROSS PK DR
KNOXVILLE,TN 37923
(865) 691-2551

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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								92,749		4,329

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
J W WALLACE CONSTRUCTION INC P O BOX 4037 OAK RIDGE, TN 37831	WEATHERIZATION	968,064
THOMAS STEPHAN 4134 CLYDE THOMAS ROAD MORRISTOWN, TN 37813	WEATHERIZATION	722,054
BENJAMIN K LILLY 119 WASHINGTON AVENUE NEWPORT, TN 37821	WEATHERIZATION	349,844
DCS DONEHEW CONSTRUCTION 210 CLAY LANE WASHBURN, TN 37888	WEATHERIZATION	289,196
SHELTON GENERAL CONTRACTORS 500 OLD RUTLEDGE PIKE BLAINE, TN 37709	WEATHERIZATION	259,803

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 ▶ 5

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	39,760,627			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	484,946			
	g Noncash contributions included in lines 1a-1f $		447,456			
	h **Total.** Add lines 1a-1f . . . . . ▶		40,245,573			
Program Service Revenue		Business Code				
	2a PROGRAM INCOME		6,576,882	6,576,882		
	b ASSESSMENTS TO LOCAL GOVTS		245,300	245,300		
	c CAREER CENTERS		73,619	73,619		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		6,895,801			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		24,988	24,988		
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(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)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	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 OTHER INCOME		293,247	293,247		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		293,247			
	12 **Total revenue.** See Instructions . . . ▶		47,459,609	7,214,036		

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	19,187,785	19,187,785		
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				
5 Compensation of current officers, directors, trustees, and key employees				
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	10,753,015	9,713,154	1,039,861	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,520,027	2,380,393	139,634	
10 Payroll taxes				
a Fees for services (non-employees) Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	593,989	360,571	233,418	
12 Advertising and promotion				
13 Office expenses	130,210	115,030	15,180	
14 Information technology				
15 Royalties				
16 Occupancy	1,220,120	1,110,338	109,782	
17 Travel	538,627	472,735	65,892	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	294,287	254,815	39,472	
20 Interest	9,549	9,549		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,331,061	1,331,061		
23 Insurance	419,882	353,223	66,659	
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 GRANT & PROGRAM COSTS	4,723,155	4,723,155		
b PARTICIPANT WAGES & FRING	2,098,919	2,098,919		
c SUPPLIES	809,600	529,770	279,830	
d MAINTENANCE & REPAIRS	475,170	308,773	166,397	
e TELEPHONE	450,357	420,459	29,898	
f All other expenses	739,330	2,899,458	-2,160,128	
25 **Total functional expenses.** Add lines 1 through 24f	46,295,083	46,269,188	25,895	0
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,180,435	1	4,996,451
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		5,241,962	3	5,580,312
	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		864,842	7	895,621
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		224,401	9	443,007
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 9,663,115			
	b	Less accumulated depreciation	10b 3,926,250	5,045,497	10c	5,736,865
	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			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		22,065	15	22,065
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,579,202	16	17,674,321
Liabilities	17	Accounts payable and accrued expenses		5,118,451	17	5,343,082
	18	Grants payable			18	
	19	Deferred revenue		1,602,844	19	2,004,016
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		971,282	25	276,072
	26	**Total liabilities.** Add lines 17 through 25		7,692,577	26	7,623,170
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,035,900	27	3,423,619
	28	Temporarily restricted net assets		5,850,725	28	6,627,532
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,886,625	33	10,051,151
	34	Total liabilities and net assets/fund balances		16,579,202	34	17,674,321

Part XI Reconcilliation 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	47,459,609
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,295,083
3	Revenue less expenses Subtract line 2 from line 1	3	1,164,526
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	8,886,625
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	10,051,151

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 ☐ Cash ☐ Accrual ☑ Other MODIFIEDACCRUAL 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Employer identification number
62-1493851

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	27,511,253	26,691,485	28,100,037	40,244,882	40,245,573	162,793,230
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	180,148	191,409	318,231	525,815	447,456	1,663,059
4 **Total.** Add lines 1 through 3	27,691,401	26,882,894	28,418,268	40,770,697	40,693,029	164,456,289
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						164,456,289

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	27,691,401	26,882,894	28,418,268	40,770,697	40,693,029	164,456,289
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,470	21,590	26,079	25,261	24,988	122,388
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	256,233	251,958	278,491	338,092	293,247	1,418,021
11 **Total support** (Add lines 7 through 10)						165,996,698

12	Gross receipts from related activities, etc (See instructions)	12	7,214,036

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 070 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 030 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 62-1493851

Name: EAST TENNESSEE HUMAN RESOURCE AGENCY INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY W HOLIWAY EXECUTIVE DI	37 50	X						92,749	0	4,329
MYRON IWANSKI BOARD MEMBER	1 00	X						0	0	0
SCOTT BURTON BOARD MEMBER	1 00	X						0	0	0
TIM SHARP BOARD MEMBER	1 00	X						0	0	0
CHRIS MITCHELL BOARD MEMBER	1 00	X						0	0	0
TOM BEEHAM BOARD MEMBER	1 00	X						0	0	0
TIM THOMPSON BOARD MEMBER	1 00	X						0	0	0
KEN VEACH POLICY COUNC	1 00	X						0	0	0
ED MITCHELL BOARD MEMBER	1 00	X						0	0	0
DONALD MULL BOARD MEMBER	1 00	X						0	0	0
PATRICK JENKINS BOARD MEMBER	1 00	X						0	0	0
TOM TAYLOR BOARD MEMBER	1 00	X						0	0	0
DAVID STALEY BOARD MEMBER	1 00	X						0	0	0
TOM BICKERS BOARD MEMBER	1 00	X						0	0	0
CARL KOELLA BOARD MEMBER	1 00	X						0	0	0
LEWIS MASINGO JR POLICY COUNC	1 00	X						0	0	0
WILLIAM BAIRD SECRETARY	1 00	X		X				0	0	0
ROBERT STOOKSBURY BOARD MEMBER	1 00	X						0	0	0
MIKE STANFIELD BOARD MEMBER	1 00	X						0	0	0
JACK CANNON BOARD MEMBER	1 00	X						0	0	0
LES STIERS BOARD MEMBER	1 00	X						0	0	0
TOM STINER POLICY COUNC	1 00	X						0	0	0
JACK DANIELS BOARD MEMBER	1 00	X						0	0	0
JOHN DOUGLAS BOARD MEMBER	1 00	X						0	0	0
BILL FULTZ BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY BEELER BOARD MEMBER	1 00	X						0	0	0
WAYNE JESSIE BOARD MEMBER	1 00	X						0	0	0
ROBIN MASON BOARD MEMBER	1 00	X						0	0	0
VAUGHN MOORE BOARD MEMBER	1 00	X						0	0	0
MARY KELLER BOARD MEMBER	1 00	X						0	0	0
CONNIE BALL BOARD MEMBER	1 00	X						0	0	0
TIM DOCKERY POLICY COUNC	1 00	X						0	0	0
MARK HIPSHIRE BOARD MEMBER	1 00	X						0	0	0
TERRY WOLFE BOARD MEMBER	1 00	X						0	0	0
PATSY MCELHANEY BOARD MEMBER	1 00	X						0	0	0
DANNY TURLEY BOARD MEMBER	1 00	X						0	0	0
DAVID LIETZKE BOARD MEMBER	1 00	X						0	0	0
BILL BRITTAIN BOARD MEMBER	1 00	X						0	0	0
DANNY THOMAS BOARD MEMBER	1 00	X						0	0	0
ALAN PALMIERI BOARD MEMBER	1 00	X						0	0	0
MICHAEL KEANE BOARD MEMBER	1 00	X						0	0	0
GEORGE GANTTE BOARD MEMBER	1 00	X						0	0	0
MARK POTTS BOARD MEMBER	1 00	X						0	0	0
CHARLES GUINN BOARD MEMBER	1 00	X						0	0	0
STANLEY WILDER BOARD MEMBER	1 00	X						0	0	0
RODNEY DAVIS BOARD MEMBER	1 00	X						0	0	0
DIANE HOWARD POLICY COUNC	1 00	X						0	0	0
JOAN BOLDEN POLICY COUNC	1 00	X						0	0	0
TIM BURCHETT BOARD MEMBER	1 00	X						0	0	0
RALPH MCGILL BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL BROWN BOARD MEMBER	1 00	X						0	0	0
DEAN RICE BOARD MEMBER	1 00	X						0	0	0
BARBARA MONTY POLICY COUNC	1 00	X						0	0	0
ESTELLE HERRON TREASURER	1 00	X		X				0	0	0
TOM PEELER BOARD MEMBER	1 00	X						0	0	0
TONY AIKENS BOARD MEMBER	1 00	X						0	0	0
JUDY MCGILL KELLER BOARD MEMBER	1 00	X						0	0	0
PAUL STALLINGS BOARD MEMBER	1 00	X						0	0	0
PAT PHILLIPS BOARD MEMBER	1 00	X						0	0	0
BRYANT HOWARD POLICY COUNC	1 00	X						0	0	0
TIM YATES BOARD MEMBER	1 00	X						0	0	0
ALFRED MCCLENDON BOARD MEMBER	1 00	X						0	0	0
DOYLE LOWE BOARD MEMBER	1 00	X						0	0	0
ROGER POWERS BOARD MEMBER	1 00	X						0	0	0
LARRY SUMMEY BOARD MEMBER	1 00	X						0	0	0
SHAN HARRIS BOARD MEMBER	1 00	X						0	0	0
DON EDWARDS BOARD MEMBER	1 00	X						0	0	0
JOEY WILLIAMS BOARD MEMBER	1 00	X						0	0	0
VIC JEFFERS BOARD MEMBER	1 00	X						0	0	0
DENNIS REAGAN BOARD MEMBER	1 00	X						0	0	0
SHARON HEIDEL POLICY COUNC	1 00	X						0	0	0
RON WOODY BOARD MEMBER	1 00	X						0	0	0
CHRIS MASON BOARD MEMBER	1 00	X						0	0	0
TROY BEETS BOARD MEMBER	1 00	X						0	0	0
CHRIS HELPER BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES WATTS BOARD MEMBER	1 00	X						0	0	0
JERRY JOHNSON POLICY COUNC	1 00	X						0	0	0
LESLIE HENDERSON BOARD MEMBER	1 00	X						0	0	0
JEFF TIBBALS BOARD MEMBER	1 00	X						0	0	0
GEORGE POTTER BOARD MEMBER	1 00	X						0	0	0
JACK LAY BOARD MEMBER	1 00	X						0	0	0
VIRGIL CECIL BOARD MEMBER	1 00	X						0	0	0
DAVID CROSS BOARD MEMBER	1 00	X						0	0	0
LARRY WATERS CHAIR	1 00	X		X				0	0	0
MIKE HELTON BOARD MEMBER	1 00	X						0	0	0
KEITH WHALEY BOARD MEMBER	1 00	X						0	0	0
GLENN CARDWELL BOARD MEMBER	1 00	X						0	0	0
BRYAN ATCHLEY BOARD MEMBER	1 00	X						0	0	0
EARLENE TEASTER BOARD MEMBER	1 00	X						0	0	0
MIKE WILLIAMS BOARD MEMBER	1 00	X						0	0	0
JOHNNY MERRITT BOARD MEMBER	1 00	X						0	0	0
PAUL BOWMAN BOARD MEMBER	1 00	X						0	0	0
GARY CHANDLER BOARD MEMBER	1 00	X						0	0	0
WILLIAM VON SCHIPMANN POLICY COUNC	1 00	X						0	0	0
SENATOR KEN YAGER BOARD MEMBER	1 00	X						0	0	0
REPRESENTATIVE KELLY KEISLING BOARD MEMBER	1 00	X						0	0	0
BRYAN DANIELS BOARD MEMBER	1 00	X						0	0	0
C THOMAS ROBINSON POLICY COUNC	1 00	X						0	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 19,644,000 including grants of $ 19,187,785) (Revenue $ 20,895,655)

TRANSPORTATION - PROVIDES TRANSPORTATION SERVICES TO RURAL RESIDENTS OF EAST TENNESSEE WITH EMPHASIS ON SERVING THE ELDERLY, HANDICAPPED, MEDICALLY IN NEED, AND AFDC RECIPIENTS, OPERATED PUBLIC TRANSPORTATION MINI-BUSES FOR THE CITY OF OAK RIDGE, COORDINATES EFFORTS WITH LOCAL BUSINESSES TO PROVIDE TRANSPORTATION TO AND FROM WORK FOR LOW-INCOME PERSONS HUD SELF-SUFFICIENCY - PROVIDES RENTAL PLACEMENT IN PUBLIC HOUSING AND SUBSIDIZED RENT AND UTILITY PAYMENTS FOR LOW-INCOME HOUSEHOLDS CORRECTIONS AND PROBATION-SUPERVISES COMPLIANCE WITH PROBATION ORDERS FOR INDIVIDUALS CONVICTED OF FELONIES GROUP COUNSELING AND ANGER MANAGEMENT FOR COURT-REFERRED DOMESTIC VIOLENCE PERPETRATORS PROVIDES SUPERVISION AND COUNSELING TO YOUTHFUL OFFENDERS TO PREVENT INCARCERATION CONDUCTS SAFETY CLASSES FOR VIOLATORS OF STATE VEHICLE CHILD RESTRAINT LAWS MISDEMEANOR - SUPERVISES COMPLIANCE WITH COURT ORDERED PROBATION TERMS FOR INDIVIDUALS CONVICTED OF A MISDEMEANOR SSI REPRESENTATIVE PAYEE - SERVES AS REPRESENTATIVE PAYEE FOR PERSONS RECEIVING SOCIAL SECURITY BENEFITS FOR DRUG AND ALCOHOL ABUSE OR MENTAL IMPAIRMENTS THIS PROGRAM HAS BEEN CLOSED OUT CHILD DEVELOPMENT - REIMBURSES FAMILY AND GROUP DAY CARE PROVIDERS FOR MEALS AND SNACKS SERVED TO PRESCHOOL AND SCHOOL AGE CHILDREN IN LICENSED FACILITIES OFFERS A CONTINUATION OF THE SCHOOL LUNCH PROGRAM TO DISADVANTAGED YOUTH WHO PARTICIPATE IN SUMMER RECREATION PROGRAMS AIDS SUPPORT - SUPPORTS THE ACTIVITIES OF THE AREA AIDS AWARENESS CONSORTIUM AND LOCAL AIDS PROGRAMS AND PROVIDES PAYMENT OF DENTAL BENEFITS FOR HIV POSITIVE INDIVIDUALS PROVIDES ASSISTANCE FOR HIV POSITIVE CLIENTS TO REMAIN IN THEIR HOMES FAMILY ASSISTANCE - PROVIDES HOUSEKEEPING SERVICES AND OTHER ASSISTANCE TO AT-RISK ADULTS PROVIDES EMERGENCY FOOD, SHELTER, LODGING, AND OTHER ASSISTANCE PROVIDES PARENTING SKILLS AND IN-HOME SERVICES TO AT-RISK FAMILIES LOAN - REHABILITATE HOMES OF LOW-INCOME FAMILIES TO IMPROVE LIVING STANDARDS CALL CENTER - RECEIVES CALLS FROM CLIENTS, FACILITIES, DOCTORS, ETC , AND SCHEDULES TRANSPORTATION FOR CLIENTS ELIGIBLE FOR HEALTH SERVICES COVERED BY AMERICHOICE MOUNTAIN VALLEY - PROVIDES IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY IN THE RURAL MOUNTAIN VALLEY REGION PROVIDES EMERGENCY ASSISTANCE TO SINGLE MOTHERS IN UNION COUNTY

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Employer identification number
62-1493851

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? ☐ Yes ☑ No

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 ☐ Yes ☑ No

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

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 ▶ $ _____

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

		Amount
c Beginning balance	1c	7,375,134
d Additions during the year	1d	1,336,369
e Distributions during the year	1e	1,628,157
f Ending balance	1f	7,083,346

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		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	32,614			32,614
b Buildings	1,230,729		236,007	994,722
c Leasehold improvements	243,382		189,045	54,337
d Equipment	8,156,390		3,501,198	4,655,192
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,736,865

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
NOTES PAYABLE	196,396
ADVANCES	50,486
INTERNAL PAYABLE, NET	29,190
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	276,072

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	47,459,609
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,295,083
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,164,526
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,164,526

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	47,459,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	47,459,609
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	47,459,609

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	46,295,083
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	46,295,083
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	46,295,083

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
EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS	SCHEDULE D, PAGE 2, PART IV, LINE 1B	ETHRA SERVES AS THE SSI REPRESENTATIVE PAYEE (CLOSED OUT) AND COURT APPOINTED PUBLIC GUARDIANS THERE IS ALSO A HUD ESCROW ACCOUNT THE FUNDS ARE SHOWN AS THE FIDUCIARY FUNDS IN THE AUDIT REPORT AND ARE NOT INCLUDED IN THE ACCOUNTS OF ETHRA

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Employer identification number
62-1493851

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	EACH PROGRAM MAINTAINS RECORDS FOR ELIGIBILITY FOR CLIENTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 62-1493851
Name: EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
RENTAL AND UTILITY		3,261,239			
HEATING AND COOLING		3,303,110			
MEAL COST REIMBURSEMENT		1,148,892			
IN HOME SVCS & DEL MEALS		1,675,184			
HOME WEATHERIZATION		5,089,967			
WAGES & BENEFITS		1,836,668			
SUBSIDIZED DENTAL&INS-HIV		182,008			
HOME REHAB FOR LOW INC		123,167			
SUBSIDIZED RENT & UTIL		188,220			
EMERGENCY ASSISTANCE		31,623			
EVAL, TREATMENT, ASSISTAN		16,701			
IN-HOME CARE, ASSISTANCE		649,240			
SENIORS-WGS & FRINGE,EXAM		1,681,766			

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Employer identification number
62-1493851

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VOLUNTEERS)	X	145	387,841	RATE OF POSITION X HOURS
26 Other ► (RENT)	X	60	59,615	FAIR RENTAL VALUE
27 Other ►( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	**32a**		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493068001092

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
EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Employer identification number
62-1493851

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	ETHRA WAS ESTABLISHED IN 1974 IN ACCORDANCE WITH TITLE 13 CHAPTER 26, AS AMENDED, OF TENNESSEE CODE ANNOTATED THIS LEGISLATION ESTABLISHES A NINE REGION STATEWIDE SYSTEM TO DELIVER HUMAN RESOURCE SERVICES AND PROGRAMS TO TENNESSEE CITIZENS FOR TENNESSEE'S LOCAL GOVERNMENTS

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS ARE USED IN VARIOUS PROGRAMS WITHIN THE AGENCY

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	THE HEALTH OF SENIOR CITIZENS IN A 16-COUNTY REGION PROVIDES LEGAL ASSISTANCE TO THE ELDERLY

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	TRANSPORTATION - PROVIDES TRANSPORTATION SERVICES TO RURAL RESIDENTS OF EAST TENNESSEE WITH EMPHASIS ON SERVING THE ELDERLY, HANDICAPPED, MEDICALLY IN NEED, AND AFDC RECIPIENTS, OPERATED PUBLIC TRANSPORTATION MINI-BUSES FOR THE CITY OF OAK RIDGE, COORDINATES EFFORTS WITH LOCAL BUSINESSES TO PROVIDE TRANSPORTATION TO AND FROM WORK FOR LOW-INCOME PERSONS HUD SELF-SUFFICIENCY - PROVIDES RENTAL PLACEMENT IN PUBLIC HOUSING AND SUBSIDIZED RENT AND UTILITY PAYMENTS FOR LOW-INCOME HOUSEHOLDS CORRECTIONS AND PROBATION-SUPERVISES COMPLIANCE WITH PROBATION ORDERS FOR INDIVIDUALS CONVICTED OF FELONIES GROUP COUNSELING AND ANGER MANAGEMENT FOR COURT-REFERRED DOMESTIC VIOLENCE PERPETRATORS PROVIDES SUPERVISION AND COUNSELING TO YOUTHFUL OFFENDERS TO PREVENT INCARCERATION CONDUCTS SAFETY CLASSES FOR VIOLATORS OF STATE VEHICLE CHILD RESTRAINT LAWS MISDEMEANOR - SUPERVISES COMPLIANCE WITH COURT ORDERED PROBATION TERMS FOR INDIVIDUALS CONVICTED OF A MISDEMEANOR SSI REPRESENTATIVE PAYEE - SERVES AS REPRESENTATIVE PAYEE FOR PERSONS RECEIVING SOCIAL SECURITY BENEFITS FOR DRUG AND ALCOHOL ABUSE OR MENTAL IMPAIRMENTS THIS PROGRAM HAS BEEN CLOSED OUT CHILD DEVELOPMENT - REIMBURSES FAMILY AND GROUP DAY CARE PROVIDERS FOR MEALS AND SNACKS SERVED TO PRESCHOOL AND SCHOOL AGE CHILDREN IN LICENSED FACILITIES OFFERS A CONTINUATION OF THE SCHOOL LUNCH PROGRAM TO DISADVANTAGED YOUTH WHO PARTICIPATE IN SUMMER RECREATION PROGRAMS AIDS SUPPORT - SUPPORTS THE ACTIVITIES OF THE AREA AIDS AWARENESS CONSORTIUM AND LOCAL AIDS PROGRAMS AND PROVIDES PAYMENT OF DENTAL BENEFITS FOR HIV POSITIVE INDIVIDUALS PROVIDES ASSISTANCE FOR HIV POSITIVE CLIENTS TO REMAIN IN THEIR HOMES FAMILY ASSISTANCE - PROVIDES HOUSEKEEPING SERVICES AND OTHER ASSISTANCE TO AT-RISK ADULTS PROVIDES EMERGENCY FOOD, SHELTER, LODGING, AND OTHER ASSISTANCE PROVIDES PARENTING SKILLS AND IN-HOME SERVICES TO AT-RISK FAMILIES LOAN - REHABILITATE HOMES OF LOW-INCOME FAMILIES TO IMPROVE LIVING STANDARDS CALL CENTER - RECEIVES CALLS FROM CLIENTS, FACILITIES, DOCTORS, ETC , AND SCHEDULES TRANSPORTATION FOR CLIENTS ELIGIBLE FOR HEALTH SERVICES COVERED BY AMERICHOICE MOUNTAIN VALLEY - PROVIDES IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY IN THE RURAL MOUNTAIN VALLEY REGION PROVIDES EMERGENCY ASSISTANCE TO SINGLE MOTHERS IN UNION COUNTY

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 TAX RETURN IS PREPARED BY OUR INDEPENDENT CPA FIRM THE INFORMATION IS COMPILED DURING THE AUDIT PROCESS, ALONG WITH ADDITIONAL INFORMATION PROVIDED BY THE FISCAL DIRECTOR AND OTHER PERSONNEL AS NEEDED THE TAX RETURN IS THEN REVIEWED BY THE FISCAL DIRECTOR AND EXECUTIVE DIRECTOR PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST FORM IS FILLED OUT ANNUALLY BY EACH BOARD MEMBER BOARD MEMBERS EXCUSE THEMSELVES FROM VOTING ON TOPICS WHERE THERE IS CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	A PAY-PLAN FOR THE AGENCY WAS DEVELOPED BY AN OUTSIDE CONSULTANT AND THEN APPROVED BY THE POLICY COUNCIL THE PROCESS INCLUDED A COMPENSATION SURVEY OF COMPARABLE AGENCIES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	A PAY-PLAN FOR THE AGENCY WAS DEVELOPED BY AN OUTSIDE CONSULTANT AND THEN APPROVED BY THE POLICY COUNCIL THE PROCESS INCLUDED A COMPENSATION SURVEY OF COMPARABLE AGENCIES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT 9111 CROSS PARK DRIVE, SUITE D-100, KNOXVILLE, TN 37923