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# SCANNED JAN 2 4 2012

Form **990-EZ** Department of the Treasury

Internal Revenue Service

# Short Form 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) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

A	For th	ne 2010 calendar year, or tax year beginning SEP 1, 2010 and ending AUG		011
В	Check if	f D Name of accompation		ntification number
Г	applicat	MUE DACM MENDIFICADE COULON DAND	p.c., c	
┢		ODCHECED A ACCOCTAMION & DEMED HODGES	94515	
F	$\neg$	Number and street for D.O. how if mail is not delivered to street address.\	Telephone nu	
F		100 ALDINE CIDCLE	•	39-1962
누	_		<del></del>	
F	_	CDEENEVILLE MY 27742	Group Exemp	uon
<u>_</u> _			Number >	V kaha amanimatan in mat
				If the organization is not
		· · · · · · · · · · · · · · · · · · ·	=	tach Schedule B
_		tempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no ) 4947(a)(1) or 527		90-EZ, or 990-PF).
K		if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not r		
		990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization ch	100ses to tile a i	return, de sure to file a
-		ete return		
		ties 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II		02 624
_		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$	93,634.
L	art I		CHOILS FOR PAIL I	
	T_	Check if the organization used Schedule O to respond to any question in this Part I	<del>- 1 - 1 -</del>	X
	1	Contributions, gifts, grants, and similar amounts received	1 1	81,903.
	2	Program service revenue including government fees and contracts	2	8,605.
	3	Membership dues and assessments	3	0,003.
	4	Investment income	. 4	
	5a	Gross amount from sale of assets other than inventory		
	Ь	Less: cost or other basis and sales expenses	<del></del>   <u>-</u>	
	] C	Gain or (loss) from sale of assets other than inventory (Subtractille 5b (rom line 5a)	5c	
	١ ٠	Carring and fundraising events		
ne	a	gross meditie from Squamb (affact) Schedne a lifteafer man		
Revenue	1.	\$15,000) Sincome from fundraising execute (not including \$ 1.7 2.012   0   6a   0   of contributions		
Re	р	Gross income from failuraising events (not including \$		
		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
		gross income and contributions exceeds \$15,000) 6b		
		Less: direct expenses from gaming and fundraising events 6c		
	_d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<del></del>
	7a	Gross sales of inventory, less returns and allowances		
	þ	Less cost of goods sold	—   <u> </u>	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	76	3,126.
	8	Other revenue (describe in Schedule 0) SEE SCHEDULE O	8	93,634.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Grants and similar amounts paid (list in Schedule 0)  SEE SCHEDULE O	9	1,800.
	10		10	6,150.
	11	Benefits paid to or for members	11	6,375.
ses	12	Salaries, other compensation, and employee benefits	12	33,768.
ē	13	Professional fees and other payments to independent contractors	. 13	
Expenses	14	Occupancy, rent, utilities, and maintenance	14	1,277.
_	15	Printing, publications, postage, and shipping	. 15	3,882.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	33,597.
	17	Total expenses. Add lines 10 through 16	17	86,849.
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,785.
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))		20 266
ξ	1	(must agree with end-of-year figure reported on prior year's return)	19	38,366.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	45,151.
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2010)

THE EAST TENNESSEE SCHOOL BAND &

Form 990-EZ (2010) ORCHESTRA ASSOCIATION & PETER HODGES

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

62-1294515

Page 2

F	Check if the organization used Schedule O to respond to any question in the	is Part II				<b>X</b>
	Oneck it the signification used denotate of to respond to any question in the		) Beginning of year			nd of year
22	Cash, savings, and investments	}	31,259.	_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	38,981.
23				23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		7,107.			6,170.
25			38,366.			45,151.
26				26		0.
27			38,366.			45,151.
	art III Statement of Program Service Accomplishments			1.=:-	Ex	penses
خست	Check if the organization used Schedule O to respond to any question in t					for section
Wha	at is the organization's primary exempt purpose?PROMOTE INSTRUME	ENTAL MUSIC				and 501(c)(4) ons and section
	scribe what was achieved in carrying out the organization's exempt purpos		ise manner, describ	<u>-</u>	4947(a)(1	) trusts; optional
the	services provided, the number of persons benefited, and other relevant in	formation for each prog	gram title.		for others.	)
	SEE ATTACHED STATEMENT					
					]	
	(Grants \$ ) If this amount includes foreign gran	ts, check here	🕨		28a	64,932.
29						
				_		
	(Grants \$ ) If this amount includes foreign gran	ts, check here	▶		29a	
30						
				_		
	(Grants \$ ) If this amount includes foreign gran	ts, check here			30a	
31	Other program services (describe in Schedule O)		•••	<u> </u>		
	(Grants \$ ) If this amount includes foreign gran	ts, check here	. <u> </u>		31a	
32	Total program service expenses (add lines 28a through 31a)	<del> </del>		<u> </u>	32	64,932.
P	art IV List of Officers, Directors, Trustees, and Key Emp		ven if not compensated (s	ee the	instructions f	or Part IV )
	Check if the organization used Schedule O to respond to any question in t		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	I *	) Title and average hours	(c) Compensation		ontributions employee	(e) Expense account and
	(a) Name and address	per week devoted to position	(If not paid, enter   -0)		efit plans & leferred	other allowances
<del></del>	TO A TIME CALLED CONTROLLED	poonion			pensation	
SE	E ATTACHED STATEMENT	0.00	5,830.		0.	0.
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Form 990-EZ (2010)

ORCHESTRA ASSOCIATION % PETER HODGES

Pa	other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V	<u></u>		X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in	·		
	Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			١
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			١
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	7		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	ļ		l
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	Į		
39	Section 501(c)(7) organizations Enter:	Ì		
a	Initiation fees and capital contributions included on line 9	Į		
b	Gross receipts, included on line 9, for public use of club facilities	-		1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ► O.			
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		ĺ	
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.   NONE			
42 a	The organization's books are in care of ▶ PETER HODGES Telephone no. ▶ (423) 6	39-	<u> 196</u>	.2
	Located at ► 108 ALPINE CIRCLE, GREENEVILLE, TN ZIP+4 ► 3	774	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			, .
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	<u> </u>	X
	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		}	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		1	
	of Form 990-EZ	44b	L	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
-	in Schedule O	440	<u></u>	
		Form 0	00 E7	/2010

Form 990-EZ (2010)

							Yes	_No
45	is any rel	ated organization a controlled entity of the organization within t	he meaning of section 512(b)	)(13)?		45		X
а		ganization receive any payment from or engage in any transaction	•	-		./,		,
	If "Yes," F	orm 990 and Schedule R may need to be completed instead of Fo	rm 990-EZ			45a	ļ	X
46	Did the o	ganization engage, directly or indirectly, in political campaign activ	vities on behalf of or in opposition	n to candidates for p	ublic office?	,		
-		omplete Schedule C, Part I	· · · · · · · · · · · · · · · · · · ·	<u> </u>		46		<u> </u>
Pź	irt VI	Section 501(c)(3) organizations and section	4947(a)(1) nonexempt	charitable tru	sts only. All	section	1 501(c	;)(3)
		organizations and section 4947(a)(1) nonexempt charitable trusts	must answer questions 47-49b	and 52, and complete	e the tables for li	1es 50	and 51	١
		Check if the organization used Schedule O to respond to any quest	tion in this Part VI		<u></u>	<u></u>		<u>[</u>
					•		Yes	
47	Did the oi	rganization engage in lobbying activities? If "Yes," complete Sci	hedule C, Part II			47		Х
48	Is the org	anization a school as described in section 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule E		·	48		X
49 a	Did the or	ganization make any transfers to an exempt non-charitable related	organization?			49a		X
b	If "Yes," w	ras the related organization a section 527 organization?				49b		<u> </u>
50	Complete	this table for the organization's five highest compensated employ	ees (other than officers, directors	s, trustees and key er	nployees) who e	ach red	ceived i	more
	than \$100	0,000 of compensation from the organization. If there is none, enter	er "None "					
			(b) Title and average hours	(c) Compensation	(d) Contributions	; (E	e) Expe	nse
		(a) Name and address of each employee paid more	per week devoted to		to employee benefit plans &		ccount	
		than \$100,000 NONE	position		deferred compensation	othe	r allow	ances
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	Total our	shar of other employees poid eyer \$100,000		L	L			
•		nber of other employees paid over \$100,000 this table for the organization's five highest compensated indepen	<u></u>	und man than \$100	000 at assess			_
51			ident contractors who each recei	ved inote than \$100,	ooo or compens	ation it	om me	ı
	organizat		- those \$100,000	(h) Tunn of com	viae (	\ Com		
		(a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of ser	vice (t	j Çoni	pensat	ion
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				L				
d	Total nun	oper of other independent contractors each receiving over \$100,00		<b>-</b>				
52	Did the or	ganization complete Schedule A? <b>Note</b> : All section 501(c)(3) orga	nizations and 4947(a)(1) nonexe	empt	_	_	_	_
	charitable	trusts must attach a completed Schedule A			▶ [	X Ye	s L	No
		nder penalties of pergry. I declare that I have examined this return, including a prect, and complete, declaration of preparey other high officer is based on all	Information of which preparer has any	knowledge	/ knowledge and be	ner, it is	uue,	
Sig		100 M. 190 W2			1-11-	<u>-/2</u>	<u> </u>	
He		Signature of officer	F 0		Date			
•••		PETER M. HODGES	EXEUTIVE SECK	ETARY - TR	EASURE	R		
		Type or print name and title						
		Print/Type preparer's name Preparer's signatu	re Date	Check	ıf PTIN			
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	parer	WITH THEY H. DOU! JANIMOIN	a. Ball 1-10-1	12	H	2009°	6489	46
	e Only	Firm's name ADAMS & PLUCKER	<u> </u>	Firm's EIN	· ►			
		Firm's address ▶ P.O. BOX 1117		Phone no.	400	39-	015	1
		GREENEVILLE, TN 3774	14	1 110110 110.	. 120 0			
May	the IPS du	scuss this return with the preparer shown above? See instructions			<b>•</b> [	X Ye	s T	No
		seess ans retain with the Dieparci Shuwn 40046, See Histiations				<u>- 16</u>	<u> </u>	<u></u>

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

THE EAST TENNESSEE SCHOOL BAND &

Inspection

Employer identification number

		_	ORCHEST	RA ASSOCIATI	ON %	PETER	HODG	ES		6.	<u>2-1294</u>	<u>515</u>	
Pε	ert I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions.				
he	organi	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	юх.)					
1			-		=				).				
2		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	$\overline{\Box}$			ital service organization			170(b)(1)	(A)(iii).					
4		•		operated in conjunction					(b)(1)(A)(ii	ii). Enter 1	the hospital	's name	
٠		city, and stat		- <b>,</b>					1-71-71				•
5		•		benefit of a college or u	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
٠		_	(b)(1)(A)(iv). (Comple	-	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- go					
6	$\Box$			ent or governmental uni	t describer	d in sectio	a 170/h)/s	()/A)///					
_	=		=	eives a substantial part					e from the	aonoral	oublic door	ribad in	
7	ب	_	· ·		or its supp	on nom a	governme	ina onic	n nom me	general	hanie aese	noed in	
^	$\Box$		b)(1)(A)(vi). (Comple		/Camalata	Dort II \							
8	$\overline{\mathbf{X}}$			section 170(b)(1)(A)(vi).	-			h				aniata fo	
y		~	•	eives: (1) more than 33								•	
			•	nctions · subject to certa	=					• •	_		
				axable income (less sect	แอกราเล	x) irom bu	smesses a	acquired b	y trie orga	inization	aiter Julie 3	0, 1975	•
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10	뭄			perated exclusively to te									
11		-		perated exclusively for thations described in secti-		-				-			
								:). See Sec	יוסווים ויסווים	ajtoj. Cili	eck the box	mat	
				organization and compl Type II	c Typ			e aratad		4	Type III • 0	Thor.	
		a Type I			* -			-		ــــا u اممانامیس			
е	لـــا :		•	at the organization is not		-	•	-		•	•		
	:		_	han one or more publicly						3(a)(1) OI	Section 50s	(α)(Ζ).	
1				tten determination from t	ilie ino ilie	at it is a 1y	pe i, i ype	ii, or Type	<b>7</b> 111				[
	_		rganization, check the	organization accepted ar	ov alft or co	 Ontribution	from any	of the follo	 owina nam				
ξ	,			irectly controls, either al								Yes	No
				upported organization?		other with	persons c	263011060	in (ii) and (	in below	11g(i)	1.03	
		_	- •	n described in (i) above?	· · · · · · · · · · · · · · · · · · ·						11g(ii)	<del>[                                    </del>	
		• •	•	person described in (i)		 e?				•	11g(iii)	! -	
ŀ				about the supported or			•		••	•	. [-13/-7	<del></del>	
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		-4	(II) E13)	(iii) Type of	fivi is the c	organization	(v) Did vo	notify the	(vi) is	the	(nil) An		
(t		of supported nization	(ii) EIN	organization		sted in your			Lorganization	on in col		nount of port	
	uiya	IIIZation		(described on lines 1-9 above or IRC section		document?			(i) organiz U S	?	Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
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	(FOITH 990 OF 990-EZ) 20 TO	_ rac
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	ization
	fails to qualify under the tests listed below, please complete Part III.)	
Saction A	A Dublic Current	

Sec	ction A. Public Support						
Cale	ndar 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	1					
	include any "unusual grants.")	1					
2	Tax revenues levied for the organ-						
	ization'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			1	}		
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Ŭ	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						<del></del>
	ction B. Total Support	<u> </u>		<u> </u>	<del>1</del>	<u> </u>	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(a) 2000	<u></u>	10/2000	(d) 2009	(e) 2010	
8	Gross income from interest,						
0	· ·	,		ł		!	
	dividends, payments received on						
	securities loans, rents, royalties					[ [	
^	and income from similar sources				ļ	<del> </del>	<del></del>
9	Net income from unrelated business						
	activities, whether or not the			1		}	
40	business is regularly carried on .		<del></del>	<del> </del>	<del> </del>		
10	Other income. Do not include gain			1			
	or loss from the sale of capital						
	assets (Explain in Part IV.)		· 71 T	<del> </del>	<del> </del>		<del></del>
	Total support. Add lines 7 through 10	-4- /		<u> </u>	<del>1</del>	10	
	Gross receipts from related activities,	•				[12]	<del></del>
13	First five years. If the Form 990 is for	_	s tirst, second, thi	ra, tourth, or tilth t	ax year as a section	on 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage	<del>:</del>	<del>· - · · ·</del>		
	Public support percentage for 2010 (			column (f))		14	<u>%</u>
	Public support percentage from 2009		•	***	•••••	15	<u>%</u>
	33 1/3% support test - 2010.If the o	·					
104	stop here. The organization qualifies				14 15 33 173 70 01 11	nore, check this bo.	<b>►</b> □
	33 1/3% support test - 2009.If the o		_		 Lline 15 is 33 1/3%	6 or more check th	is box
E							<b>▶</b> □
47-	and stop here. The organization qual 10% -facts-and-circumstances tes	• -					or more
1 / a							
	and if the organization meets the "fac				•	ut iv now the organ	iization
	meets the "facts-and-circumstances"	-	•		=	 47a and 6-a 46 5-3	
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets ti				- *		·
	organization meets the 'facts and circ		=				
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	sa, 16b, 17a, or 17	b, check this box	and see instruction	s

# 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

Sec	ction A. Public Support	elow, please com	iplete Part II.)			· <del></del>	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(8) 2000	(6) 2001	(6) 2000	(0) 2003	(0) 2010	10 Total
•	membership fees received. (Do not		ì	1	} }		
	include any "unusual grants.")				82,498.	88.633.	171,131.
2	Gross receipts from admissions,				02/1301	00/0001	2,1,101,
_	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					2 225	
	organization's tax-exempt purpose	<del> </del>	<u> </u>	ļ <u>-</u>	3,239.	2,836.	6,075.
3	Gross receipts from activities that	1	Ì		1		
	are not an unrelated trade or bus-	1			]		
	iness under section 513	<u> </u>	ļ	<u> </u>			
4	Tax revenues levied for the organ-	l	1	]			
	ızation's benefit and either paid to						
	or expended on its behalf	ļ <del></del>	ļ		<del> </del>		
5	The value of services or facilities						
	furnished by a governmental unit to	l	}	]			
	the organization without charge	<b></b>	ļ				
6	Total. Add lines 1 through 5			ļ. <u></u>	85,737.	91,469.	177,206.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons		ļ <u> </u>				0.
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						0
	amount on line 13 for the year		ļ		-		0.
	Add lines 7a and 7b				<del>                                     </del>		177,206.
_	Public support (Subtract line 7c from line 6)		1	<u> </u>	11		1//,200.
	ction B. Total Support		T		T (2.222 )		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009 85,737.	(e) 2010 91,469.	(f) Total 177,206.
	Amounts from line 6		<del> </del>	<del> </del>	03,737.	91,409.	1/1,200.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				490.	290.	780.
b	Unrelated business taxable income	<u> </u>			T		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	L			<u> </u>		
c	: Add lines 10a and 10b	 L			490.	290.	780.
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						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				86,227.	91,759.	177,986.
	First five years. If the Form 990 is for	the organization	's first, second, this	d, fourth, or fifth t	<u> </u>		
-	check this box and stop here						►X
Sec	ction C. Computation of Publi						
	Public support percentage for 2010 (I			column (fl)	1.	15	%
	Public support percentage from 2009		•		Г	16	%
	ction D. Computation of Inves			·_		<del></del>	
	Investment income percentage for 20					17	%
	Investment income percentage from 2	· ·			· · · · · ·	18	%
	33 1/3% support tests - 2010. If the						
190	more than 33 1/3%, check this box a						<b>▶</b> □
L			=				. FLJ
	33 1/3% support tests - 2009. If the	-					
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
∠∪	Frivate iounidation, il the organizatio	ii ala not check 8	1 DON OH HILB 14, 19	a, or 130, CHECK L	HIS DON AND SEE HISL	100110113	<u></u>

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE EAST TENNESSEE SCHOOL BAND &

Employer identification number

ORCHESTRA ASSOCIATION % PETER HODE	GES 62-1:	294515
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
INTEREST		290.
COMMISSIONS ON T-SHIRT SALES		2,836.
TOTAL TO FORM 990-EZ, LINE 8		3,126.
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIA		
AFFILIATE NAME: TMEA		
PURPOSE OF PAYMENT: MEMBERSHIP		
AMOUNT OF PAYMENT:		1,800.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:  DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
		AMOUNT: 14,820.
DESCRIPTION OF OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES: TRAVEL, LODGING, MEALS	,	14,820.
DESCRIPTION OF OTHER EXPENSES:  TRAVEL, LODGING, MEALS  INSURANCE		14,820. 500.
DESCRIPTION OF OTHER EXPENSES:  TRAVEL, LODGING, MEALS  INSURANCE  HOST HONORARIUMS		14,820. 500. 2,200.
DESCRIPTION OF OTHER EXPENSES:  TRAVEL, LODGING, MEALS  INSURANCE  HOST HONORARIUMS  HOSPITALITY		14,820. 500. 2,200. 4,286.
DESCRIPTION OF OTHER EXPENSES:  TRAVEL, LODGING, MEALS  INSURANCE  HOST HONORARIUMS  HOSPITALITY  AWARDS		14,820. 500. 2,200. 4,286. 6,132.
DESCRIPTION OF OTHER EXPENSES:  TRAVEL, LODGING, MEALS  INSURANCE  HOST HONORARIUMS  HOSPITALITY  AWARDS  MISCELLANEOUS  TOTAL TO FORM 990-EZ, LINE 16	,	14,820. 500. 2,200. 4,286. 6,132. 5,659.
DESCRIPTION OF OTHER EXPENSES:  TRAVEL, LODGING, MEALS  INSURANCE  HOST HONORARIUMS  HOSPITALITY  AWARDS  MISCELLANEOUS  TOTAL TO FORM 990-EZ, LINE 16  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	DEC. OF VEAD	14,820. 500. 2,200. 4,286. 6,132. 5,659. 33,597.
DESCRIPTION OF OTHER EXPENSES:  TRAVEL, LODGING, MEALS  INSURANCE  HOST HONORARIUMS  HOSPITALITY  AWARDS  MISCELLANEOUS  TOTAL TO FORM 990-EZ, LINE 16  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	BEG. OF YEAR	14,820. 500. 2,200. 4,286. 6,132. 5,659.

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service THE EAST TENNESSEE SCHOOL BAND & Employer identification number Name of the organization 62-1294515 ORCHESTRA ASSOCIATION % PETER HODGES THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

#### East Tennessee School Band and Orchestra Association Board of Directors Supporting Information Form 990EZ, Part IV, Fiscal Year 2010-2011

Officer	Time (Hours) Per Week	Compensation	Benefits
President Steve Taylor South-DoyleHigh School 2020 Tipton Station Rd Knoxville, TN 37920	1	\$100/year	0
President-Elect Jim Buton Cleveland High School 850 Raider Drive Cleveland, TN 37312	1	\$100/year	0
Past President Joel Denton Ooltewah High School 6123 Mountain View Road Ooltewah, TN 37363	1	\$100/year	0
Secretary Megan Christian Bearden High School 8352 Kingston Pike Knoxville, TN 37919	1	\$100/year	
Band Chairman George W. Hayden III Maryville Intermediate School 835 Montgomery Lane Maryville, TN 37803	2	\$100/year	
Orchestra Chairman Nichole Pitts Hixson Middle & High School 5401 School Drive Hixson, TN 37343	1	\$100/year	0
Jazz Chairman Mike Thomas Morristown West High School One Trojan Trail Morristown, TN 37813	1	\$100/year	0
College Representative Christian Zembower East Tennessee State University P O Box 70661 Johnson City, TN 37614	1	\$100/year	0

## East Tennessee School Band and Orchestra Association Board of Directors Supporting Information Form 990EZ, Part IV, Fiscal Year 2010-2011

Area K	<u>kepresentatives</u>	
N	337'11'	

Mathew Williams West Greene High School 275 West Greene Drive Mosheim, TN 37818	1	\$100/year	0
Matt McCurry Carter High School 210 Carter School Road Strawberry Plains, TN 37871	1	\$100/year	0
Perry Vandergriff East Ridge High School 4320 Bennett Road Chattanooga, TN 37412	1	\$100/year	0
College Student Representative Drew Buckner 149 Willow Creek Drive Soddy-Daisy, TN 37379	5	\$100/year	0
Honorary Life Member Representative Walter McDaniel 1141 Treymour Way Knoxville, TN 37922	5	\$100/year	0
Executive Secretary-Treasurer Peter M Hodges 108 Alpine Circle Greeneville, TN 37743	10	\$4630/year 5,830 \$1200/year	0
Webmaster David A Price Tusculum College PO Box 5040 Greeneville, TN 37743	2	\$1200/year /	0