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2012

Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

Fo	r cale	endar year 2011 or tax year beginning	, aı	nd ending				
Na	me of	foundation	-		A E	mployer identification nu	mber	····
To	n & 9	Shirley Palmer Family Foundation				20-4079	7 4 5	
		and street (or P.O box number if mail is not delivered to street add	fress)	Room/surte	вт	elephone number (see inst		
3 E	eacc	on Hill Ct				423-282-8	3134	
		wn, state, and ZIP code			C If	exemption application is pe	nding, check here	▶□
Jol	nsor	n City	TN	37604			3,	
			I return of a former p	public charity	D 1	Foreign organizations, che	ck here .	▶□
		Final return Ame	nded return	-	ł	Foreign organizations mee		_
		Address change Nam	e change		_	check here and attach con		▶□
Н	Che	ck type of organization: X Section 501(c)(3) exer	-	on				_
Г	_	tion 4947(a)(1) nonexempt charitable trust \(\bigcap \)				private foundation status wander section 507(b)(1)(A), c		▶□
늑	•	market value of all assets at end J Accounting r						ш
ı		ear (from Part II, col. (c),		Accrual	-	the foundation is in a 60-monder section 507(b)(1)(B), c		▶□
	_	16) ▶\$ 266,677 (Part I, column (d		is.)				٠ ب
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursem	ents
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm	ent	(c) Adjusted net	for chantabl	le
		the amounts in column (a) (see instructions))	books	income		ıncome	purposes (cash basis oi	nlv)
	1	Contributions, gifts, grants, etc., received (attach schedule)					• • • • • • • • • • • • • • • • • • • •	
	2	Check ►X if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments	94			0		
	4	Dividends and interest from securities	0		0	0		
	5 a	Gross rents .	18,877	···	0	0		
ē	t	Net rental income or (loss)						
2	6 a	Net gain or (loss) from sale of assets not on line 10	0					
8	_ t	Gross sales price for all assets on line 6a			_			
Revenue	_	Capital gain net income (from Part IV, line 2)	-		0	 		
	8	Net short-term capital gain				0		
	9	Income modifications						
	1 .	O Coross sales less returns and allowances O Coross Sales less returns and allowances O Coross						
	1	Gross profit or (loss) (attach schedule)	0					
	11	Other income (attach schedule)	0	<u> </u>	0	0		
	12	Total. Add lines 1 through 11	18,971		0	0		
60	13	Compensation of officers, directors, trustees, etc.	0					
penses	14	Other employee salaries and wages	0					
ē	15	Pension plans, employee benefits	0				_	
EXE	16 a	Legal fees (aftite to Schedule) ED	0		0	0		0
		Accounting fees (attach schedule)	0		0	0		0
⋛	(Other professional fees (attach schedule)	0	·	0	0		0
ita	17	Interes APR 2 1 2012	0	 			<u> </u>	
훒	18	Taxes (attach schedule) (see instructions)	625		0			0
Έ	19	Depreciation (attach schedule) and depletion .	0	·	0	0		
Administrative	20 21	Travel, conferences, and meetings	0				-	
פ	22	Printing and publications	0					
ā	23	Other expenses (attach schedule)	0		0	0	<u> </u>	0
Ī	24	Total operating and administrative expenses.						
rat		Add lines 13 through 23	625		0	o		0
Operating and	25	Contributions, gifts, grants paid	13,000				1	3,000
0	26	Total expenses and disbursements. Add lines 24 and 25	13,625	····	0	0		3,000
	27	Subtract line 26 from line 12	,					
	8	Excess of revenue over expenses and disbursements	5,346					
		Net investment income (if negative, enter -0-)			0			
		Adjusted net income (if negative, enter -0-)				0		

For Paperwork Reduction Act Notice, see instructions. (HTA)

Form 990-PF (2011)

Da	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End	d of year		
Р а —	TÀN.	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	0	0	0		
	2	Savings and temporary cash investments	14,602	19,948	19,948		
	3	Accounts receivable 0					
		Less allowance for doubtful accounts	o	0	0		
	4	Pledges receivable ▶ 0					
		Less. allowance for doubtful accounts	0	0	0		
	5	Grants receivable	0	0	0		
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)	o	0	0		
i	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts	0	0	0		
Ø	8	Inventories for sale or use	· -		0		
Assets	9	Prepaid expenses and deferred charges			0		
Š	10 8	a Investments—U S and state government obligations (attach schedule) .	0	0	0		
	i i	b Investments—corporate stock (attach schedule)	0	0	0		
	,	c Investments—corporate bonds (attach schedule)	0	0	· · · · · · · · · · · · · · · · · · ·		
	11	Investments—land, buildings, and equipment: basis					
	i	Less accumulated depreciation (attach schedule)		0	0		
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	0	0	0		
	14	Land, buildings, and equipment: basis ► 246,729		<u> </u>			
		Less accumulated depreciation (attach schedule)		246,729	246,729		
	15	Other assets (describe)	0	0	0		
	16	Total assets (to be completed by all filers—see the					
		instructions. Also, see page 1, item I)	261,331	266,677	266,677		
	17	Accounts payable and accrued expenses	0	0			
	18	Grants payable	0	0			
Liabilities	19	Deferred revenue	0	<u>0</u>			
₹	20 Loans from officers, directors, trustees, and other disqualified persons .		0	0			
ab	21	Mortgages and other notes payable (attach schedule)	0	0			
Ξ	22		0	0			
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0	<u>_</u>			
			U U				
S		Foundations that follow SFAS 117, check here					
alances		and complete lines 24 through 26 and lines 30 and 31.	204 204	000.077			
<u> </u>	24	Unrestricted	261,331	266,677			
	25	Temporarily restricted	0	0	ļ		
P	26	Permanently restricted		<u> </u>			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here					
Ę	27	and complete lines 27 through 31.		0			
8	27	Capital stock, trust principal, or current funds	0	0			
šět	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0	i		
Š	29	Retained earnings, accumulated income, endowment, or other funds.	0	200 077			
7	30	Total net assets or fund balances (see instructions)	261,331	266,677	:		
ž	31	Total liabilities and net assets/fund balances (see	004 004	222.27			
-	-	instructions)	261,331	266,677			
	rt III		20 /		<u> </u>		
1		net assets or fund balances at beginning of year—Part II, column (a), line	. •		004.654		
_		of-year figure reported on pnor year's return)		1	261,331		
		r amount from Part I, line 27a		5,346			
		r increases not included in line 2 (itemize)			0		
		ines 1, 2, and 3		4	266,677		
		eases not included in line 2 (itemize) ▶			0		
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, c	olumn (b), line 30	6	266,677		

Part IV Capital Gains a	nd Losses for Tax on Inve	<u>stment</u>	Incor				
, , ,	he kınd(s) of property sold (e.g., real est use, or common stock, 200 shs MLC C			(b) How acquired P—Purchase D—Donation	٠,	Oate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a							
b							
С							
d							
e							
(e) Gross sales price	Gross sales price (f) Depreciation allowed (or allowable)		-	other basis nse of sale		(h) Gain (e) plus (f)	•
a	0			0			(
b	0			0		_	(
	0			0			(
d	0			0			(
е	0] 0]			0			(
Complete only for assets sho	wing gain in column (h) and owned	by the fo	undatio	on on 12/31/69		(I) Gams (Col.	
(I) F M V as of 12/31/69	(j) Adjusted basis	_	-	s of col (i)		col (k), but not l	•
	as of 12/31/69		over coi	(j), if any		Losses (fro	om col (n))
	0			0			(
b - (†			0			(
		 		0			(
······································	0 0			. 0			(
<u>e (</u>	<u> </u>	lee enter	in Da	0 rt I, line 7			
2 Capital gain net income o	r (net capital loss) $\begin{cases} 11 & \text{gain, a} \\ 15 & \text{(loss),} \end{cases}$				2		,
3 Net short-term capital gain	n (انهج), n or (loss) as defined in section						
If gain, also enter in Part	, line 8, column (c) (see instruc		•	• •			
	 	<u></u>	<u> </u>	<u> </u>	3		
Part V Qualification Un	der Section 4940(e) for Re	duced	Tax o	<u>n Net investm</u>	ent In	<u>come</u>	
	leave this part blank. the section 4942 tax on the dis not qualify under section 4940(the ba	se period? [Yes No
1 Enter the appropriate an	nount in each column for each	year; see	the in	structions before	makir	ng any entries	5.
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution			(c) of nonchantable-use as		Distri	(d) ibution ratio vided by col (c))
2010		0			0	(0) (0) (1)	0.000000
2009		ol			0		0.000000
2008		0			o		0.000000
2007		0	•				0.000000
2006		0				-	0.00000
						2	0.000000
_	for the 5-year base period—div oundation has been in existenc			• • •		3	0.000000
4 Enter the net value of non	charitable-use assets for 2011	from Par	rt X, lin	e5	.	4	
5 Multiply line 4 by line 3 .						5	
6 Enter 1% of net investmen	nt income (1% of Part I, line 27	b)			.	6	
7 Add lines 5 and 6					-	7	
	ns from Part XII, line 4					8 art using a 1%	6 tax rate. See
the Part VI instructions	J.dir iii o r, wieck bio box i	w/L VI,	,	e, and complete	a lat pt	ar usung a 17	U LLA TUILO. OCC

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstruct	tions	3)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0	
	here ▶ ☐ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%				
	of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			0	
3	Add lines 1 and 2			<u> </u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0	-
6	Credits/Payments				
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 0				
	Exempt foreign organizations—tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c 0				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d			0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0	
11				0	
Pai	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Ŀ		Yes	No
	participate or intervene in any political campaign?	[1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the				
	instructions for definition)?	L	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.	_			
C	Did the foundation file Form 1120-POL for this year?	. L	1c		\times
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$		ŀ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	ŀ	ŀ		
	on foundation managers > \$	_			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	L	2		Х
	If "Yes," attach a detailed description of the activities.		ŀ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	_			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?	L		N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	· [5		Х
	If "Yes," attach the statement required by General Instruction T.		- 1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	l	- 1		
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions	<u> </u> _			
_	that conflict with the state law remain in the governing instrument?	· -	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part	хv.	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	Į.			
	TN		ĺ		
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	-			
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	· -	<u>8b</u>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				
	or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"		ا ي		
46	complete Part XIV	· · -	9		X
10			,	İ	
	their names and addresses	ı	10	1	X

Pari	VII-A Statements Regarding Activities (continued)	•		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ Tom D. Palmer Telephone no ▶ (423)282-8	134		
	Located at ► 3 Beacon Hill Ct Johnson City TN ZIP+4 ► 37604			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country	l		
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		i	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
_	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	2 0		i	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
_	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved	1		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)	-	NI/A	
10		3b	N/A	-
4a h	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4a		X
b	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X
	parpose starting that been removed from jeopardy before the flot day of the tax year beginning in 2011:	יחדו		. ^

Form	m 990-PF (2011) Tom & Shirley Palmer Family	Foundation					2	0-407	9745	P	age 6
Pa	art VII-B Statements Regarding Activitie	es for Which For	m 47	720 May Be R	equired	(continu	ed)				
	During the year did the foundation pay or incur any								_		
	(1) Carry on propaganda, or otherwise attempt to		(sect	tion 4945(e))? .			s X	No			
	(2) Influence the outcome of any specific public										
	on, directly or indirectly, any voter registration					□ Y	s X	No			
	(3) Provide a grant to an individual for travel, stu		umacı	ac?		Π̈́γ	s X	No			
	(4) Provide a grant to an individual for traver, store (4) Provide a grant to an organization other than					ш"	, <u>, , , , , , , , , , , , , , , , , , </u>	,			
	in section 509(a)(1), (2), or (3), or section 494					\Box	. IY	No			'
					• •	□ ''	s [^] NO			
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention or							1			
					 	· [] Y(*S [^	No	1 .		
D	If any answer is "Yes" to 5a(1)–(5), did any of the to					bea in			- FL	N/A	
	, , , , , , , , , , , , , , , , , , , ,										
	Organizations relying on a current notice regarding					•	. ▶ ∟	J			
С	• • • • • • • • • • • • • • • • • • • •		nption	from the		П.,	_	1			
	tax because it maintained expenditure responsibilit		E/=N			Y₁	es [_	No			
	If "Yes," attach the statement required by Regulation								į		
6a	, , ,	nds, directly or indirec	ctly, to	pay			<u> </u>	1	ĺ		
	premiums on a personal benefit contract?		•			Y•	≽s X	No			
b	Did the foundation, during the year, pay premiums,	, directly or indirectly,	on a	personal benefit	contract?	٠			6b		X
	If "Yes" to 6b, file Form 8870						<u></u>	1			
	At any time during the tax year, was the foundation						es X	No	<u> </u>		
_	If "Yes," did the foundation receive any proceeds o								7b		
ΙР	art VIII Information About Officers,	Directors, Trus	tees	, Foundation	Manag	ers, High	ily Pai	d Em	ploy	ees,	
_											
	and Contractors			·							
1											-
1	and Contractors List all officers, directors, trustees, foundate	(b) Title, and average	(4	c) Compensation	(d)	Contributions	to			se acco	
1	and Contractors		(4		(d) emplo		to lans			se acco	
1 The	and Contractors List all officers, directors, trustees, founda (a) Name and address omas D.Palmer	(b) Title, and average hours per week devoted to position Member	(1	c) Compensation if not paid, enter	(d) emplo	Contributions yee benefit t	to lans				
1 The	and Contractors List all officers, directors, trustees, founda (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604	(b) Title, and average hours per week devoted to position Member 2.0	(1	c) Compensation if not paid, enter	(d) emplo	Contributions yee benefit t	to lans				
The 3 E Sh	and Contractors List all officers, directors, trustees, founda (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer	(b) Title, and average hours per week devoted to position Member 2.0 Member	0	c) Compensation f not paid, enter -0-)	(d) emplo	Contributions yee benefit t	to lans isation				s
The 3 E Sh	and Contractors List all officers, directors, trustees, founda (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604	(b) Title, and average hours per week devoted to position Member 2.0	0	c) Compensation f not paid, enter -0-)	(d) emplo	Contributions yee benefit t	to lans isation	C			s
The 3 E Sh	and Contractors List all officers, directors, trustees, founda (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0	0	c) Compensation if not paid, enter -0-)	(d) emplo	Contributions yee benefit t	to plans nsation	C			.s 0
The 3 E Sh	and Contractors List all officers, directors, trustees, founda (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer	(b) Title, and average hours per week devoted to position Member 2.0 Member	0	c) Compensation if not paid, enter -0-)	(d) emplo	Contributions yee benefit t	to plans nsation	C			.s 0
The 3 E Sh	and Contractors List all officers, directors, trustees, founda (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0	0	c) Compensation if not paid, enter -0-) 0	(d) emplo	Contributions yee benefit t	to plans nsation	C			0 0
1 The 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0	0	c) Compensation If not paid, enter -0-) 0 0	(d) empk and def	Contributions tyee benefit to the competence of the compe	to plans isation	C	other all		0 0
1 The 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0	0	c) Compensation If not paid, enter -0-) 0 0	(d) empk and def	Contributions tyee benefit to the competence of the compe	to plans isation	C	other all		0 0
1 The 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0	0	c) Compensation If not paid, enter -0-) 0 0	(d) empk and defi	Contributions typee benefit to the pred competence the pred compet	to plans sation	C	other all		0 0
1 The 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0	(d) empk and defi	Contributions typee benefit to the pred competence ee instruct d) Contribution	to plans isation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0
1 3 E Sh: 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0	(d) empk and defi	Contributions typee benefit to the pred competence the pred compet	to plans is atton 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,		0 0 0
1 3 E Sh: 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 /ees (other than the second of the	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0 included on li	(d) empk and defi	Contributions typee benefit the period competence competence ee instruct d) Contribution employee be	to plans is attorn 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0
1 Tho 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0 included on li	(d) empk and defi	Contributions typee benefit perred compete ee instruct d) Contribution employee belans and def	to plans is attorn 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0
1 Tho 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0 included on li	(d) empk and defi	Contributions typee benefit perred compete ee instruct d) Contribution employee belans and def	to plans is attorn 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0
1 Tho 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0 included on li	(d) empk and defi	Contributions typee benefit perred compete ee instruct d) Contribution employee belans and def	to plans is attorn 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0
1 Tho 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0 included on li	(d) empk and defi	Contributions typee benefit perred compete ee instruct d) Contribution employee belans and def	to plans is attorn 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0
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1 Tho 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0 included on li	(d) empk and defi	Contributions typee benefit perred compete ee instruct d) Contribution employee belans and def	to plans is attorn 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0
1 Tho 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0 included on li	(d) empk and defi	Contributions typee benefit perred compete ee instruct d) Contribution employee belans and def	to plans is attorn 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0
1 Tho 3 E Shi 3 E	and Contractors List all officers, directors, trustees, founds (a) Name and address omas D.Palmer Beacon Hill Ct Johnson City TN 37604 irley M. palmer Beacon Hill Ct. Johnson City TN 37604 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position Member 2.0 Member 2.0 .0 .0 .0 .0 .0 .0 .0 .0 .	0 0 0 hose	c) Compensation If not paid, enter -0-) 0 0 included on li	(d) empk and defi	Contributions typee benefit perred compete ee instruct d) Contribution employee belans and def	to plans is attorn 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If no	ne,	owance	0 0 0

Total number of other employees paid over \$50,000 .

All other program-related investments. See instructions

Total. Add lines 1 through 3

Form 990-PF (2011)

0

0

Par	YMinimum Investment Return (All domestic foundations must complete this part. Foreign	founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here And do not complete this part.)	, , .	
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2011 from Part VI, line 5	1	
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
Pari	XII Qualifying Distributions (see instructions)		
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4-	
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
a	Suitability test (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	_
_	Income. Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun qualifies for the section 4940(e) reduction of tax in those years.	dation	

	XIII Undistributed Income (see instruction	s)		· · · · · · · · · · · · · · · · · · ·	Page 3
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
•	line 7	· · · · · · · · · · · · · · · · · · ·			
2	Undistributed income, if any, as of the end of 2011:				
а	Enter amount for 2010 only			0	
b	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2011:				
a	From 2006				
b	From 2007				
C	From 2008				
d	From 2009				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2011 from Part XII,				
	line 4: ▶ \$				
а	Applied to 2010, but not more than line 2a .			0	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election	_			
	required—see instructions)	0			
d	Applied to 2011 distributable amount				0
e	Remaining amount distributed out of corpus				1
5	Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same	0			0
	amount must be shown in column (a), the same				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0	1		
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed Subtract line 6c from line 6b. Taxable				
d	amount—see instructions		0		
е	Undistributed income for 2010. Subtract line	-			
	4a from line 2a. Taxable amount—see			م	
_	instructions			0	
f	Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2012				0
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions) .	9			
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:				
а	Excess from 2007				
b	Excess from 2008				
C	Excess from 2009				
d	Excess from 2010 Excess from 2011				
е	LAUGSS HUIII ZUTT				

		Frivate Operating Foundations (S			<u> </u>		
1 a		e foundation has received a ruling or determina idation, and the ruling is effective for 2011, enti			. •		
b		ck box to indicate whether the foundation is a		_	section	4942(j)(3) or	4942(j)(5)
2 a		er the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
		me from Part I or the minimum estment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
		r listed	0	0	0	0	0
b	85%	of line 2a	0	0	. 0	0	0
С		lifying distributions from Part XII, 4 for each year listed	0	0	0	0	0
d		ounts included in line 2c not used directly active conduct of exempt activities					0
е	for a	alfying distributions made directly active conduct of exempt activities tract line 2d from line 2c	0	0	0	0	0
3 a	alte	nplete 3a, b, or c for the mative test relied upon: sets" alternative test—enter:					
	(1)	Value of all assets					0
	(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	of m	dowment" alternative test—enter 2/3 ninimum investment return shown in t X, line 6 for each year listed	0	0	0	o	0
C	"Su	pport" alternative test-enter:					
	(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3)	Largest amount of support from an exempt organization					0
	(4)	Gross investment income					. 0
Pa	rt X\	,		•	dation had \$5,0	00 or more in	
		assets at any time during the year		ions.)			
	List befo	ormation Regarding Foundation Manag any managers of the foundation who have con ore the close of any tax year (but only if they ha	tributed more than 29 we contributed more	than \$5,000). (See s	ection 507(d)(2).)		<u></u>
b		any managers of the foundation who own 10% ership of a partnership or other entity) of which				tion of the	
2	Info	ormation Regarding Contribution, Gran	t, Gift, Loan, Scho	plarship, etc., Pro	grams:		
	Che	ck here $[X]$ if the foundation only makes olicited requests for funds. If the foundation ma	contributions to prese	elected chantable on	ganizations and doe		
		er conditions, complete items 2a, b, c, and d. name, address, and telephone number of the	nerson to whom anni	inations should be as	Mroccori:		
a	. 110	addition, and adaptions number of the	param wantin uppe	STATE OF THE PERSON OF THE			
b	The	form in which applications should be submitted	d and information and	materials they shou	uld include:		
С	Any	submission deadlines		·			
d	Any	restrictions or limitations on awards, such as b	oy geographical areas	, charitable fields, ki	nds of institutions, o	or other	

Part XV Supplementary Information (continued)

3. Grants and Contributions Paid During the Year or Approved for Future Payment

3 . Grants and Contributions Paid During	the Year or Approved	for Future	Payment	
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
First United Methodist Church		Church	scholarships, missions	5,500
900 Spring St		1		
Johnson City TN 37604		A		500
World Gospel Mission		Agency	missions	500
3783 East State Rd 18 Marion IN 46952				
Fellowship Church		Church	missions	500
8000 Middlebrook Pike		J		
Knoxville TN 37909				1
Strong Tower Baptist Church		Church	missions	500
P.O Box 8041				
Gray TN 37615				
Summit Leadership		Foundation	Christian Leadership	2,000
3104 Hanover Rd.				
Johnson City TN 37604				
Fairview Citizen Corp.		Agency	community outreach	1,000
Box 9357 Fairview Rd.				
Duffield VA 24244		Charity	rehabilition	1 000
Interfaith Hospitality Network 208 Fairview Ave.		Charity	renabilition	1,000
Johnson City TN 37604				
Manna House		Charity	missions	1,000
116 W. Walnut St.				
Johnson City TN 37604		-		
Rise Up	İ	agency	youth ministry	1,000
P.O. Box 4426				
Johnson City TN 37604				
				}
Total	 		<u> ▶ 3a</u>	13,000
b Approved for future payment				
		1		
		1		1
		1		
		1		
		1		
Total			▶ 3 b	0
10tal	· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·		- 000 DE

Part XVI	-A Analysis of Income-Producing Activ	rities					
Enter gro	ss amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	(e)		
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
1 Progra	arn service revenue:						
_			0		0		
_			0		0		
			0		0		
_	····-		0		0		
e			0		0		
T			0		0		
_	es and contracts from government agencies .		0		0		
	ership dues and assessments st on savings and temporary cash investments		0		0		
	ends and interest from securities		0		0	 	
	ntal income or (loss) from real estate:				0		
	bbt-financed property		0		0	<u> </u>	
			0		Ö		
	nt debt-financed property Intal income or (loss) from personal property		0		0		
	investment income		0		0		
	or (loss) from sales of assets other than inventory		0		Ö	.	
	come or (loss) from special events		0		0	•	
	profit or (loss) from sales of inventory		0		0		
	revenue a		0		0		
			0		0		
			0		0		
			0		0	C	
е			0	·	0	C	
12 Subto	tal Add columns (b), (d), and (e)		0		0	18,971	
	Add line 12, columns (b), (d), and (e)				. 13	18,971	
(See work	sheet in line 13 instructions to verify calculations.)						
Part XV	-B Relationship of Activities to the Acc			•			
Line No. ▼	Explain below how each activity for which income the accomplishment of the foundation's exempt p					ctions.)	
5b	Supported various Christian Education, Leader	ship, Domestic	and Foreign Mis	ssion activities		·	
3	Partaially suported missions						
				· · · ·			
				 -			
			· ·				
		·					
				1 1		- 	
		-					
-			- <u> </u>				
			·				
	1						

Part	XVII		n Regarding Tran	sfers To and Tran	sactions and F	Relationship	s With Noncha	ritable	
1	in se	he organization o	lirectly or indirectly	engage in any of the facection 501(c)(3) orga				Yes	No
а	_		oorting foundation to	a noncharitable exer	not organization	of:			
_									X.
	` '	ther assets .							X
b	• •	r transactions:							
	(1) S	ales of assets to	a noncharitable exe	mpt organization .					X
				able exempt organizat					X
				rassets					*
									X
	• •		-						*
		•		ip or fundraising solid					1/-
С				sts, other assets, or p					X
d				s," complete the follo				v the fair n	
_	value	of the goods, o	ther assets, or servi	ces given by the repo ement, show in colum	orting foundation	. If the founda	ation received less	than fair n	narket
(a) Line	no.	(b) Amount involved	(c) Name of nonch	naritable exempt organization	n (d) Desci	ption of transfer	s, transactions, and sha	nng arrangen	nents
						~ · · · · · · · · · · · · · · · · · · ·			
									
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	-						,		
	-+					-			
	-								
2a	desc	ribed in section 5	501(c) of the Code (c	filiated with, or relate other than section 501				Yes 🗷	No
b	If "Ye	es," complete the	e following schedule	(b) Type of orga	entration		c) Description of relation	nehin	
		(a) Name of organ		(b) Type of orga	31220011		of Description of relation	-	
	Uhrel	er negalties of perius.	declare that I have examine	ed this return, including accord	noammo scherhiles an	d statements and	to the best of my knowler	ne and helief	ntis tn so
Sign				an taxpayer) is based on all in			ledge.		
_		11.	N Holm	/ 1/11/12	Presid	+		RS discuss this reparer shown	
Here		14 proces	ve of the				(see instru	ctions)? TYes	3 □ No
	Sign	nature of officer or tru		Date Date	Title	I Data		-	
Paid		Print/Type preparer	rs name	Preparer's signature		Date	Check ∐_if	אודי	
Prep	arer					1	self-employed		
Use		Firm's name ▶					Firm's EIN ▶		
-		Firm's address ▶					Phone no.		