See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

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 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
► *The organization may have to use a copy of this return to satisfy state reporting requirements*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

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

C Name of organization
Tennessee Lettermen's T Club

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

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

D Employer identification number
62-1535136

E Telephone number

F Group Exemption Number ►

G Accounting Method. ☑ Cash ☐ Accrual Other (specify) ►

H Check ► ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ►

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

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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

SCANNED JUL 11 2012

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	31,784
	4	Investment income			4	5,245
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	13,545		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	12,062		
	c	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	1,483
	7a	Gross sales of inventory, less returns and allowances	7a	5,172		
	b	Less: cost of goods sold	7b	4,543		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	629
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	39,141
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	5,000
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	17,500
	16	Other expenses (describe in Schedule O)			16	6,418
	17	**Total expenses.** Add lines 10 through 16			17	31,890
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	7,251
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	239,502
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	243,753

RECEIVED
JUN 25 2012
OGDEN, UT
IRS - OSC
50

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2011)

9

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	239,502	22	243,753
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	239,502	25	243,753
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	239,502	27	243,753

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	**See Attached** (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	$6,602
29	**See Attached** (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	$5,460
30	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	$12,062

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Attached				

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ $0.00			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ $0.00			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶ TN does not require a tax return to be filed			
42a	The organization's books are in care of ▶ Zibbie Karen Telephone no. ▶ 865-974-9054			
	Located at ▶ 230 Thompson Boling Arena, 1600 Philip Fulmer Way, Knoxville, TN ZIP + 4 ▶ 37966			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ N/A			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer Condredge Holloway II Date 06/22/12

▶ Condredge Holloway
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Patrick Reid		6/14/12		379-68-2830
Firm's name ▶ Patrick Reid			Firm's EIN ▶	
Firm's address ▶ 1106 Eastwood Ave SE, Grand Rapids, MI 49506			Phone no	616-940-3823

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

Form **8868**

(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	TENNESSEE LETTERMEN'S T CLUB	☒ 62-1535136
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 47	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE TN, 37901	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ZIBBIE KAREN

Telephone No. ▶ 616 974-9054 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 12 or

▶ ☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☐
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or ☐
	Number, street, and room or suite no If a P.O. box, see instructions.	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐☐

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20 ____.
5 For calendar year ____, or other tax year beginning _____, 20 ____, and ending _____, 20 ___.
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ AGENT Date ▶ 5/13/2012

Tennessee Lettermens T Club
62-1535136
December 31, 2011

Form 990 EZ - Part III

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

a) To establish a national organization designed to promote and preserve the friendships and loyalties enjoyed by former athletes of the University of Tennessee, Knoxville.

b) To support the University of Tennessee, its Athletic Board, Athletic Department, and office of Alumni Affairs, in its continuing efforts toward improving the University's facilities and programs, in its goal of maintaining a position of national prominence and reputation for all "volunteer" intercollegiate athletic teams.

c) To foster and promote the highest principles and ethical standards of sportsmanship by participants, and to improve recognition thereof students, alumni, and spectators at all sports events at The University.

d) Recognize outstanding achievement and service to the athletic programs of The University.

e) To perform such other activities or things incidental to or connected with the advancement of the forgoing purposes; but not for pecuniary profit or financial gain of its members, directors, or officers, except as may be permitted by laws governing "Not-for-Profit" corporations.

Tennessee Lettermens T Club
62-1535136
December 31, 2011

Form 990 EZ - Part III

Line 28a

An annual Golf Tournament was held in the spring of 2011 which was open to all University of Tennessee Lettermen, their family and friends. The purpose of the Golf Tournament was to promote and preserve the friendships and loyalties enjoyed by former athletes of the University of Tennessee, Knoxville.

Total Expenses $6,602

Line 29a

The Tennessee Lettermen's T Club held a Lettermen's Reunion in 2011. The purpose of the event was to recognize outstanding Tennessee Lettermen for their time contributions to the University of Tennessee and to promote and preserve the friendships and loyalties enjoyed by former athletes of the University of Tennessee, Knoxville.

Total Expenses $5,460

Tennessee Lettermen'sT Club **62-1535136**
December 31, 2011
Form 990 EZ - Part IV
List of Officers, Directors, Trustees and Key Employees

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

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