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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization EAST TENNESSEE HUMAN RESOURCE AGENCY INC Doing Business As		D Employer identification number 62-1493851	
	Number and street (or P O box if mail is not delivered to street address) 9111 CROSS PARK DRIVE ROOM/SUITE D-100		Room/suite	
	City or town, state or country, and ZIP + 4 KNOXVILLE, TN 37923		E Telephone number (865) 691-2551	
	F Name and address of principal officer		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
			H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ☐		
J Website: ☐ WWW.ETHRA.ORG				

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other ☐ HRA	L Year of formation 1974	M State of legal domicile TN
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ETHRA WAS ESTABLISHED IN 1974 IN ACCORDANCE WITH TITLE 13 CHAPTER 26, AS AMENDED, OF TENNESSEE CODE ANNOTATED THIS LEGISLATION ESTABLISHES A NINE REGION STATEWIDE SYSTEM TO DELIVER HUMAN RESOURCE SERVICES AND PROGRAMS TO TENNESSEE CITIZENS FOR TENNESSEE'S LOCAL GOVERNMENTS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	89
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	89
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	909
	6 Total number of volunteers (estimate if necessary)	6	501
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		30,131,808	30,180,674
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,223,945	7,288,554
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,935	27,480
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		263,150	211,418
		37,642,838	37,708,126
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,485,835	11,875,065
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,698,804	13,534,837
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,838,187	12,105,449
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	38,022,826	37,515,351
	19 Revenue less expenses Subtract line 18 from line 12	-379,988	192,775
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	15,220,404	15,179,282
	21 Total liabilities (Part X, line 26)	5,549,241	5,315,343
	22 Net assets or fund balances Subtract line 21 from line 20	9,671,163	9,863,939

Part II

Signature Block

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

Sign Here	☐ ***** Signature of officer		2014-01-16 Date				
	☐ GARY W HOLIWAY EXECUTIVE DIRECTOR Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name GINGER S ELMORE		Preparer's signature		Date 2014-05-15	Check ☐ if self-employed	PTIN
	Firm's name ☐ CRAINE THOMPSON & JONES PC					Firm's EIN ☐	
	Firm's address ☐ 225 W FIRST NORTH ST MORRISTOWN, TN 37814					Phone no (423) 586-7650	

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

Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 10,852,825 including grants of \$) (Revenue \$ 10,741,118)

TRANSPORTATION - PROVIDE TRANSPORTATION SERVICES TO RURAL RESIDENTS OF EAST TENNESSEE WITH EMPHASIS ON SERVING THE ELDERLY, HANDICAPPED, MEDICALLY IN NEED, AND AFDC RECIPIENTS OPERATED PUBLIC TRANSPORTATION MINI-BUSES FOR THE CITY OF OAK RIDGE COORDINATE EFFORTS WITH LOCAL BUSINESSES TO PROVIDE TRANSPORTATION TO AND FROM WORK FOR LOW-INCOME PERSONS RECEIVED CALLS FROM CLIENTS, FACILITIES, DOCTORS, ETC , AND SCHEDULED TRANSPORTATION FOR CLIENTS ELIGIBLE FOR HEALTH SERVICES COVERED BY AMERICHOICE

4b

(Code) (Expenses \$ 9,114,300 including grants of \$) (Revenue \$ 9,590,683)

AGING - SUBSIDIZE OPERATIONS OF SENIOR CITIZEN CENTERS AND LOCAL OFFICES ON AGING IN 16 EAST TENNESSEE COUNTIES AND PROVIDE LONG-TERM PLANNING, COORDINATION OF SERVICES, AND SPECIAL PROGRAMS FOR THE AGING PROVIDE NUTRITIOUS LUNCHES AT HOME AND AT CONGREGATE MEAL SITES IN A 16-COUNTY REGION PROVIDE IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY SUPERVISE EMPLOYMENT OF LOW-INCOME SENIOR CITIZENS RECRUIT, TRAIN, AND SUPERVISE VOLUNTEERS TO ACT AS OMBUDSMEN FOR AREA NURSING HOMES, INVESTIGATE AND RESOLVE PATIENT COMPLAINTS COURT-APPOINTED GUARDIAN FOR INCOMPETENT SENIOR CITIZENS SUPPORT AND PLAN ACTIVITIES PROMOTING THE HEALTH OF SENIOR CITIZENS IN A 16-COUNTY REGION PROVIDE LEGAL ASSISTANCE TO THE ELDERLY

4c

(Code) (Expenses \$ 5,084,497 including grants of \$) (Revenue \$ 3,763,461)

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

(Code) (Expenses \$ 12,400,226 including grants of \$) (Revenue \$ 13,612,864)

HOUSING AND RESTORATION - PROVIDES HEATING AND COOLING ASSISTANCE TO LOW- INCOME HOUSEHOLDS REPAIR HOMES OF LOW-INCOME RESIDENTS PROVIDE MATERIALS AND LABOR TO WEATHERIZE HOMES OF LOW-INCOME INDIVIDUALS HUD SELF-SUFFICIENCY - PROVIDES RENTAL PLACEMENT IN PUBLIC HOUSING AND SUBSIDIZED RENT AND UTILITY PAYMENTS FOR LOW-INCOME HOUSEHOLDS CORRECTIONS AND PROBATION-SUPERVISES COMPLIANCE WITH PROBATION ORDERS FOR INDIVIDUALS CONVICTED OF FELONIES GROUP COUNSELING AND ANGER MANAGEMENT FOR COURT-REFERRED DOMESTIC VIOLENCE PERPETRATORS PROVIDES SUPERVISION AND COUNSELING TO YOUTHFUL OFFENDERS TO PREVENT INCARCERATION CONDUCTS SAFETY CLASSES FOR VIOLATORS OF STATE VEHICLE CHILD RESTRAINT LAWS MISDEMEANOR - SUPERVISES COMPLIANCE WITH COURT ORDERED PROBATION TERMS FOR INDIVIDUALS CONVICTED OF A MISDEMEANOR CHILD DEVELOPMENT - REIMBURSES FAMILY AND GROUP DAY CARE PROVIDERS FOR MEALS AND SNACKS SERVED TO PRESCHOOL AND SCHOOL AGE CHILDREN IN LICENSED FACILITIES OFFERS A CONTINUATION OF THE SCHOOL LUNCH PROGRAM TO DISADVANTAGED YOUTH WHO PARTICIPATE IN SUMMER RECREATION PROGRAMS PROVIDES HOUSEKEEPING SERVICES AND OTHER ASSISTANCE TO AT-RISK ADULTS PROVIDES EMERGENCY FOOD, SHELTER, LODGING, AND OTHER ASSISTANCE PROVIDES PARENTING SKILLS AND IN- HOME SERVICES TO AT-RISK FAMILIES AIDS SUPPORT - SUPPORTS THE ACTIVITIES OF THE AREA AIDS AWARENESS CONSORTIUM AND LOCAL AIDS PROGRAMS AND PROVIDES PAYMENT OF DENTAL BENEFITS FOR HIV POSITIVE INDIVIDUALS PROVIDES ASSISTANCE FOR HIV POSITIVE CLIENTS TO REMAIN IN THEIR HOMES LOAN - REHABILITATE HOMES OF LOW-INCOME FAMILIES TO IMPROVE LIVING STANDARDS MOUNTAIN VALLEY - PROVIDES IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY IN THE RURAL MOUNTAIN VALLEY REGION PROVIDES EMERGENCY ASSISTANCE TO SINGLE MOTHERS IN UNION COUNTY

4d

Other program services (Describe in Schedule O)

(Expenses \$ 12,400,226 including grants of \$) (Revenue \$ 13,612,864)

4e

Total program service expenses ▶

37,451,848

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	89	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	89	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	TN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	GARY HOLIWAY 9111 CROSS PK DR KNOXVILLE, TN (865) 691-2551

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								94,774		10,672

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **1**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AID ASSIST AT HOME LLC , 4560 TROUSDALE DR STE 100 NASHVILLE TN 37204	AOA-OPTIONS	247,400
J W WALLACE CONSTRUCTION INC P O BOX 4037 OAK RIDGE TN 37831	WEATHERIZATION	222,866
LESLIE CURE , 18615 LAKESHORE RD RUTLEDGE TN 37861	HOUSE LOANS	125,400

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	28,749,977			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,430,697			
	g	Noncash contributions included in lines 1a-1f \$		646,541			
	h	Total. Add lines 1a-1f		30,180,674			
Program Service Revenue	2a	PROGRAM INCOME	Business Code	6,977,811	6,977,811		
	b	ASSESSMENTS TO LOCAL GOVTS		269,590	269,590		
	c	CAREER CENTERS		41,153	41,153		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		7,288,554			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	27,480	27,480		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		211,418	211,418			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		211,418				
12	Total revenue. See Instructions		37,708,126	7,527,452			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	11,875,065	11,875,065		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	10,919,991	9,781,838	1,138,153	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	2,614,846	2,325,644	289,202	
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	877,147	690,651	186,496	
12	Advertising and promotion.				
13	Office expenses.	131,638	118,102	13,536	
14	Information technology.				
15	Royalties.				
16	Occupancy.	1,252,257	1,123,757	128,500	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	785,193	682,063	103,130	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,390,259	1,327,030	63,229	
23	Insurance.	487,299	434,535	52,764	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PARTICIPANT WAGES & FRING	2,120,081	2,120,081		
b	FUEL & MAINTENANCE	1,666,529	1,666,529		
c	GRANT & PROGRAM COSTS	1,301,147	1,301,147		
d	IN-KIND EXPENSES	646,541	646,541		
e	All other expenses	1,447,358	3,358,865	-1,911,507	
25	Total functional expenses. Add lines 1 through 24e.	37,515,351	37,451,848	63,503	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,381,078	1	4,109,054
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		4,518,918	3	4,984,017
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		957,558	7	947,940
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		552,266	9	159,248
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a11,214,614			
	b	Less accumulated depreciation	10b6,257,656	4,788,519	10c	4,956,958
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		22,065	15	22,065
	16	Total assets. Add lines 1 through 15 (must equal line 34)		15,220,404	16	15,179,282
Liabilities	17	Accounts payable and accrued expenses		3,354,668	17	5,290,187
	18	Grants payable			18	
	19	Deferred revenue		2,119,155	19	1,612
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		75,418	25	23,544
	26	Total liabilities. Add lines 17 through 25		5,549,241	26	5,315,343
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		3,724,006	27	3,768,264
	28	Temporarily restricted net assets		5,947,157	28	6,095,675
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,671,163	33	9,863,939
	34	Total liabilities and net assets/fund balances		15,220,404	34	15,179,282

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,708,126
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,515,351
3	Revenue less expenses Subtract line 2 from line 1	3	192,775
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,671,163
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,863,939

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☒ Other MODIFIEDACCRUAL If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE
AGENCY INC

Employer identification number
62-1493851

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	28,100,037	40,244,882	40,245,573	30,131,808	30,181,792	168,904,092
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	318,231	525,815	447,456	358,365	647,659	2,297,526
4 Total. Add lines 1 through 3	28,418,268	40,770,697	40,693,029	30,490,173	30,829,451	171,201,618
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						171,201,618

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	28,418,268	40,770,697	40,693,029	30,490,173	30,829,451	171,201,618
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,079	25,261	24,988	23,935	27,480	127,743
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	278,491	338,092	293,247	263,150	211,418	1,384,398
11 Total support (Add lines 7 through 10)						172,713,759
12 Gross receipts from related activities, etc. (see instructions)					12	7,527,452
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>99 120 %</td></tr><tr><td>15</td><td>99 080 %</td></tr></table>	14	99 120 %	15	99 080 %
14	99 120 %					
15	99 080 %					
15	Public support percentage for 2011 Schedule A, Part II, line 14					
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐				
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐				
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐				
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐				

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE
AGENCY INC

Employer identification number

62-1493851

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	7,583,751
1d	849,326
1e	5,896,349
1f	2,536,728

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	32,614			32,614
b Buildings	1,230,729		316,565	914,164
c Leasehold improvements	243,382		207,945	35,437
d Equipment	9,707,889		5,733,146	3,974,743
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,956,958

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	37,708,126
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	37,708,126
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	37,708,126

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

1	Total expenses and losses per audited financial statements	1	37,515,350
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	37,515,350
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1
c	Add lines 4a and 4b	4c	1
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	37,515,351

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS	SCHEDULE D, PAGE 2, PART IV, LINE 1B	ETHRA SERVES AS COURT APPOINTED PUBLIC GUARDIANS. ETHRA ALSO HOLDS A HUD REQUIRED ESCROW ACCOUNT. THE ACTIVITY FOR BOTH FUNDS ARE INCLUDED IN THE AUDIT REPORT AS FIDUCIARY FUNDS AND ARE NOT INCLUDED IN THE ACCOUNTS OF ETHRA.
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 1

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE
AGENCY INC

Employer identification number
62-1493851

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶

3

Enter total number of other organizations listed in the line 1 table

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	EACH PROGRAM MAINTAINS RECORDS FOR ELIGIBILITY FOR CLIENTS

Software ID:

Software Version:

EIN: 62-1493851

Name: EAST TENNESSEE HUMAN RESOURCE
AGENCY INC

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
RENTAL AND UTILITY		3,347,791			
HEATING AND COOLING		2,277,543			
MEAL COST REIMBURSEMENT		948,492			
IN HOME SVCS & DEL MEALS		1,779,894			
HOME REHABILITATION		54,110			
WAGES & BENEFITS, YOUTH		1,145,952			
SUBSIDIZED DENTAL&INS-HIV		181,785			
SUBSIDIZED RENT & UTIL		188,218			
EMERGENCY ASSISTANCE		14,263			
IN-HOME CARE, ASSISTANCE		940,093			
SENIORS-WGS & FRINGE,EXAM		974,129			
DRUG/PSYCH EVAL,TREATMENT		17,426			
SUBSIDY-FIXED BUS ROUTES		5,369			

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EAST TENNESSEE HUMAN RESOURCE
AGENCY INC

Employer identification number
62-1493851

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (RENT)	X	1	79,909	FAIR RENTAL VALUE
26 Other ► (VOLUNTEERS)	X	1	285,794	RATE OF POSITION X HOURS
27 Other ► (COMMODITIES)	X	1	280,838	FOOD COST
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135005064	
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.				OMB No 1545-0047
					2012
					Open to Public Inspection
Name of the organization EAST TENNESSEE HUMAN RESOURCE AGENCY INC				Employer identification number 62-1493851	

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS ARE USED IN VARIOUS PROGRAMS WITHIN THE AGENCY PROGRAMS WHERE VOLUNTEERS ARE USED INCLUDE AGING, OMBUDSMAN, NUTRITION, OFFICE ON AGING, TITLE V, SC, AND COMMODITIES RECEIPT, PACKING, DISTRIBUTION, AND DELIVERY
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	HOUSING AND RESTORATION - PROVIDES HEATING AND COOLING ASSISTANCE TO LOW-INCOME HOUSEHOLDS REPAIR HOMES OF LOW-INCOME RESIDENTS PROVIDE MATERIALS AND LABOR TO WEATHERIZE HOMES OF LOW-INCOME INDIVIDUALS HUD SELF-SUFFICIENCY - PROVIDES RENTAL PLACEMENT IN PUBLIC HOUSING AND SUBSIDIZED RENT AND UTILITY PAYMENTS FOR LOW-INCOME HOUSEHOLDS CORRECTIONS AND PROBATION-SUPERVISES COMPLIANCE WITH PROBATION ORDERS FOR INDIVIDUALS CONVICTED OF FELONIES GROUP COUNSELING AND ANGER MANAGEMENT FOR COURT-REFERRED DOMESTIC VIOLENCE PERPETRATORS PROVIDES SUPERVISION AND COUNSELING TO YOUTHFUL OFFENDERS TO PREVENT INCARCERATION CONDUCTS SAFETY CLASSES FOR VIOLATORS OF STATE VEHICLE CHILD RESTRAINT LAWS MISDEMEANOR - SUPERVISES COMPLIANCE WITH COURT ORDERED PROBATION TERMS FOR INDIVIDUALS CONVICTED OF A MISDEMEANOR CHILD DEVELOPMENT - REIMBURSES FAMILY AND GROUP DAY CARE PROVIDERS FOR MEALS AND SNACKS SERVED TO PRESCHOOL AND SCHOOL AGE CHILDREN IN LICENSED FACILITIES OFFERS A CONTINUATION OF THE SCHOOL LUNCH PROGRAM TO DISADVANTAGED YOUTH WHO PARTICIPATE IN SUMMER RECREATION PROGRAMS PROVIDES HOUSEKEEPING SERVICES AND OTHER ASSISTANCE TO AT-RISK ADULTS PROVIDES EMERGENCY FOOD, SHELTER, LODGING, AND OTHER ASSISTANCE PROVIDES PARENTING SKILLS AND IN-HOME SERVICES TO AT-RISK FAMILIES AIDS SUPPORT - SUPPORTS THE ACTIVITIES OF THE AREA AIDS AWARENESS CONSORTIUM AND LOCAL AIDS PROGRAMS AND PROVIDES PAYMENT OF DENTAL BENEFITS FOR HIV POSITIVE INDIVIDUALS PROVIDES ASSISTANCE FOR HIV POSITIVE CLIENTS TO REMAIN IN THEIR HOMES LOAN - REHABILITATE HOMES OF LOW-INCOME FAMILIES TO IMPROVE LIVING STANDARDS MOUNTAIN VALLEY - PROVIDES IN-HOME CARE AND HOME-DELIVERED MEALS TO THE ELDERLY IN THE RURAL MOUNTAIN VALLEY REGION PROVIDES EMERGENCY ASSISTANCE TO SINGLE MOTHERS IN UNION COUNTY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 TAX RETURN IS PREPARED BY OUR INDEPENDENT CPA FIRM THE INFORMATION IS COMPILED DURING THE AUDIT PROCESS, ALONG WITH ADDITIONAL INFORMATION PROVIDED BY THE FISCAL DIRECTOR AND OTHER PERSONNEL AS NEEDED THE TAX RETURN IS THEN REVIEWED BY THE FISCAL DIRECTOR AND EXECUTIVE DIRECTOR PRIOR TO FILING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST FORM IS FILLED OUT ANNUALLY BY EACH BOARD MEMBER BOARD MEMBERS EXCUSE THEMSELVES FROM VOTING ON TOPICS WHERE THERE IS CONFLICT OF INTEREST
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	A PAY-PLAN FOR THE AGENCY WAS DEVELOPED BY AN OUTSIDE CONSULTANT AND THEN APPROVED BY THE POLICY COUNCIL THE PROCESS INCLUDED A COMPENSATION SURVEY OF COMPARABLE AGENCIES
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	A PAY-PLAN FOR THE AGENCY WAS DEVELOPED BY AN OUTSIDE CONSULTANT AND THEN APPROVED BY THE POLICY COUNCIL THE PROCESS INCLUDED A COMPENSATION SURVEY OF COMPARABLE AGENCIES
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT 9111 CROSS PARK DRIVE, SUITE D-100, KNOXVILLE, TN 37923
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	BOOK / TAX DEPRECIATION DIFFERENCE 1

Additional Data

Software ID:

Software Version:

EIN: 62-1493851

Name: EAST TENNESSEE HUMAN RESOURCE AGENCY INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY W HOLIWAY EXECUTIVE DI	37 50	X						94,774	0	10,672
TERRY FRANK ANDERSON CO MAYOR BOARD MBR/PO	1 00	X						0	0	0
SCOTT BURTON MAYOR - CLINTON BOARD MEMBER	1 00	X						0	0	0
TIM SHARP MAYOR - LAKE CITY BOARD MEMBER	1 00	X						0	0	0
CHRIS MITCHELL MAYOR - NORRIS BOARD MEMBER	1 00	X						0	0	0
TOM BEEHAN MAYOR - OAK RIDGE BOARD MEMBER	1 00	X						0	0	0
TIM THOMPSON BOARD MEMBER	1 00	X						0	0	0
KEN VEACH POLICY COUNC	1 00	X						0	0	0
ED MITCHELL BLOUNT COUNTY MAYOR BOARD MEMBER	1 00	X						0	0	0
DONALD MULL MAYOR - ALCOA BOARD MBR/PO	1 00	X						0	0	0
TOM TAYLOR MAYOR - MARYVILLE BOARD MEMBER	1 00	X						0	0	0
TOM BICKERS MAYOR - LOUISVILLE BOARD MEMBER	1 00	X						0	0	0
MICHAEL TALLEY MAYOR - TOWNSEND BOARD MEMBER	1 00	X						0	0	0
CARL KOELLA MAYOR - ROCKFORD BOARD MEMBER	1 00	X						0	0	0
ANN EDMONDS MAYOR - FRIENDSVILLE BOARD MEMBER	1 00	X						0	0	0
DAVID BUCHANAN POLICY COUNC	1 00	X						0	0	0
BRYAN DANIELS BOARD MEMBER	1 00	X						0	0	0
GEORGE WILLIAMS BOARD MEMBER	1 00	X						0	0	0
WILLIAM BAIRD CAMPBELL COUNTY MAYOR BOARD CHAIR/	1 00	X		X				0	0	0
CHRIS STANLEY MAYOR - CARYVILLE BOARD MEMBER	1 00	X						0	0	0
MIKE STANFIELD MAYOR - LAFOLLETTE BOARD MEMBER	1 00	X						0	0	0
JACK CANNON MAYOR - JACKSBORO BOARD MEMBER	1 00	X						0	0	0
LES STIERS MAYOR - JELICO BOARD MEMBER	1 00	X						0	0	0
TOM STINER POLICY COUNC	1 00	X						0	0	0
J HAROLD WILLOUGHBY BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACK DANIELS CLAIBORNE COUNTY MAYOR BOARD/POLICY	1 00	X						0	0	0
BILL MCGAFFEE MAYOR-CUMBERLAND GAP BOARD MEMBER	1 00	X						0	0	0
BILL FULTZ MAYOR - HARROGATE BOARD MEMBER	1 00	X						0	0	0
JERRY BEELER MAYOR - NEW TAZEWell BOARD MEMBER	1 00	X						0	0	0
WAYNE JESSIE MAYOR - TAZEWell BOARD MEMBER	1 00	X						0	0	0
MS ROBIN MASON BOARD/POLICY	1 00	X						0	0	0
VAUGHN MOORE COCKE COUNTY MAYOR BOARD MBR/PO	1 00	X						0	0	0
MARY KELLER MAYOR - PARROTTSVILLE BOARD MEMBER	1 00	X						0	0	0
CONNIE BALL MAYOR - NEWPORT BOARD MEMBER	1 00	X						0	0	0
TIM DOCKERY POLICY COUNC	1 00	X						0	0	0
MARK HIPSHER GRAINGER COUNTY MAYOR BOARD/POLICY	1 00	X						0	0	0
TERRY WOLFE MAYOR - BEAN STATION BOARD MEMBER	1 00	X						0	0	0
PATSY MCELHANEY MAYOR - BLAINE BOARD MEMBER	1 00	X						0	0	0
DANNY TURLEY MAYOR - RUTLEDGE BOARD MEMBER	1 00	X						0	0	0
DAVID LIETZKE BOARD MEMBER	1 00	X						0	0	0
BILL BRITTAIN HAMBLEN COUNTY MAYOR BOARD/POLICY	1 00	X						0	0	0
DANNY THOMAS MAYOR - MORRISTOWN BOARD MEMBER	1 00	X						0	0	0
MARSHALL RAMSEY BOARD MEMBER	1 00	X						0	0	0
CHRIS BELL POLICY COUNC	1 00	X						0	0	0
ALAN PALMIERI JEFFERSON CO MAYOR BOARD MEMBER	1 00	X						0	0	0
CHARLES SUMMER MAYOR - BANEbERRY BOARD MEMBER	1 00	X						0	0	0
GEORGE GANTTE MAYOR - DANDRIDGE BOARD MEMBER	1 00	X						0	0	0
MARK POTTS MAYOR - JEFFERSON CITY BOARD MEMBER	1 00	X						0	0	0
CHARLES GUINN MAYOR - NEW MARKET BOARD MEMBER	1 00	X						0	0	0
STANLEY WILDER MAYOR - WHITE PINE BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RODNEY DAVIS BOARD MEMBER	1 00	X						0	0	0
JOAN BOLDEN POLICY COUNC	1 00	X						0	0	0
DIANE HOWARD POLICY COUNC	1 00	X						0	0	0
TIM BURCHETT KNOX COUNTY MAYOR BOARD MEMBER	1 00	X						0	0	0
RALPH MCGILL MAYOR - FARRAGUT BOARD MEMBER	1 00	X						0	0	0
MADELINE ROGERO MAYOR - KNOXVILLE BOARD MEMBER	1 00	X						0	0	0
DEAN RICE BOARD MEMBER	1 00	X						0	0	0
SUSAN LONG POLICY COUNC	1 00	X						0	0	0
GLENN RAY BOARD MEMBER	1 00	X						0	0	0
MS HERMAL TAILOR POLICY COUNC	1 00	X						0	0	0
ESTELLE HERRON - LOUDON COUNTY MAYO VICE CHAIR B	1 00	X		X				0	0	0
TOM PEELER MAYOR - GREENBACK BOARD MEMBER	1 00	X						0	0	0
TONY AIKENS MAYOR - LENOIR CITY BOARD MEMBER	1 00	X						0	0	0
JUDY MCGILL KELLER MAYOR - LOUDON BOARD MEMBER	1 00	X						0	0	0
JOHN DRINNEN MAYOR - PHILADELPHIA BOARD MEMBER	1 00	X						0	0	0
MS PAT PHILLIPS BOARD MEMBER	1 00	X						0	0	0
BRYANT HOWARD POLICY COUNC	1 00	X						0	0	0
TIM YATES MONROE COUNTY MAYOR BOARD/POLICY	1 00	X						0	0	0
ALFRED MCCLENDON MAYOR-MADISONVILLE BOARD MEMBER	1 00	X						0	0	0
DOYLE LOWE MAYOR - SWEETWATER BOARD MEMBER	1 00	X						0	0	0
PATRICK HAWKINSMAYOR-TELLICO PLAINS BOARD MEMBER	1 00	X						0	0	0
LARRY SUMMEY MAYOR - VONORE BOARD MEMBER	1 00	X						0	0	0
MS SHAN HARRIS BOARD MEMBER	1 00	X						0	0	0
MS PAULETTE SUMMEY POLICY COUNC	1 00	X						0	0	0
DON EDWARDS MORGAN COUNTY EXECUTIVE BOARD/POLICY	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOEY WILLIAMS MAYOR - WARTBURG BOARD MEMBER	1 00	X						0	0	0
J R VOYLES MAYOR - OAKDALE BOARD MEMBER	1 00	X						0	0	0
DENNIS REAGAN MAYOR - SUNBRIGHT BOARD MEMBER	1 00	X						0	0	0
SHARON HEIDEL POLICY COUNC	1 00	X						0	0	0
RON WOODY ROANE COUNTY EXECUTIVE BOARD/POLICY	1 00	X						0	0	0
CHRIS MASON MAYOR - HARRIMAN BOARD MEMBER	1 00	X						0	0	0
TROY BEETS MAYOR - KINGSTON SECRETARY BD	1 00	X		X				0	0	0
CHRIS HEPLER MAYOR - OLIVER SPRINGS BOARD MEMBER	1 00	X						0	0	0
JAMES WATTS MAYOR - ROCKWOOD BOARD MEMBER	1 00	X						0	0	0
LESLIE HENDERSON BOARD MEMBER	1 00	X						0	0	0
JEFF TIBBALS SCOTT COUNTY MAYOR BOARD/POLICY	1 00	X						0	0	0
GEORGE POTTER MAYOR - HUNTSVILLE BOARD MEMBER	1 00	X						0	0	0
JACK LAY MAYOR - ONEIDA BOARD MEMBER	1 00	X						0	0	0
VIRGIL CECIL MAYOR - WINFIELD BOARD MEMBER	1 00	X						0	0	0
DAVID CROSS BOARD MEMBER	1 00	X						0	0	0
KATHY ROSE POLICY COUNC	1 00	X						0	0	0
LARRY WATERS SEVIER COUNTY MAYOR BOARD/POLICY	1 00	X						0	0	0
MIKE HELTON MAYOR - GATLINBURG BOARD MEMBER	1 00	X						0	0	0
DAVID WEAR MAYOR - PIGEON FORGE BOARD MEMBER	1 00	X						0	0	0
GLENN CARDWELL MAYOR-PITTMAN CENTER BOARD MEMBER	1 00	X						0	0	0
BRYAN ATCHLEY MAYOR - SEVIERVILLE BOARD MEMBER	1 00	X						0	0	0
EARLENE TEASTER BOARD MEMBER	1 00	X						0	0	0
JANE HOWES POLICY COUNC	1 00	X						0	0	0
MICHAEL WILLIAMS UNION COUNTY MAYOR BOARD/POLICY	1 00	X						0	0	0
JOHNNY MERRITT MAYOR - LUTTRELL BOARD MEMBER	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
H E RICHARDSON MAYOR-MAYNARDVILLE BOARD MEMBER	1 00	X						0	0	0
GARY CHANDLER MAYOR - PLAINVIEW BOARD MEMBER	1 00	X						0	0	0
SENATOR STACEY CAMPFIELD BOARD/POLICY	1 00	X						0	0	0
REPRESENTATIVE KELLY KEISLING BOARD/POLICY	1 00	X						0	0	0