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.

A For the 2012 calendar year, or tax year beginning , and ending

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

C Name of organization

FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK

D Employer identification number

62-1564782

E Telephone number

800-845-5665

G Gross receipts

2,912,170

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

H(b) Are all affiliates included? ☐ Yes ☑ No

J Website: www.friendsofthesmokies.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1999 M State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

ASSIST THE NATIONAL PARK SERVICE IN ITS MISSION TO PROTECT AND PRESERVE THE GREAT SMOKY MOUNTAINS NATIONAL PARK BY SECURING FINANCIAL AND VOLUNTEER SUPPORT.

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

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

2,336,060 2,247,314

9 Program service revenue (Part VIII, line 2g)

0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

101,497 146,119

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

297,860 282,250

12 Total revenue − other expenses (Part VIII, column (A), line 12)

2,735,417 2,675,683

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

1,903,113 1,023,746

14 Benefits paid to or for members (Part IX, column (A), line 4)

487,328 519,774

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

0 0

16 Professional fundraising fees (Part IX, column (A), line 11e)

397,772

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

311,694 324,950

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

2,702,135 1,868,470

19 Revenue less expenses Subtract line 18 from line 12

189,775 807,213

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.

Signature of officer

JAMES M. HART

-signature

President

DATE 5/3/13

Paid Preparer's Name

Larry A. Mitchell, E.A.

Paid Preparer's Signature

DATE 04/17/13

Paid Preparer's Business Address

Knoxville, TN 37919-6205

Paid Preparer's Telephone Number

968-522-2396

Preparer's EIN

62-1483064

Use Only Firm's EIN

Form 990 (2012)
Part III Statement of Program Service Accomplishments
Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
ASSIST THE NATIONAL PARK SERVICE IN ITS MISSION TO PROTECT AND PRESERVE THE GREAT SMOKY MOUNTAINS NATIONAL PARK BY SECURING FINANCIAL AND VOLUNTEER SUPPORT.

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 $ 1,181,966 including grants of $ 1,023,746 ) (Revenue $ )
EDUCATIONAL AND VISITOR SERVICES, BACK COUNTRY PROGRAMS, HISTORICAL AND NATURAL RESOURCE PRESERVATION

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses $ 1,181,966

DAA
Form 990 (2012)
Form 990 (2012)  FRIENDS OF GREAT SMOKY MOUNTAINS  62-1564782

Part IV  Checklist of Required Schedules

1  Is the organization described in section 501(c)(3) or 4047(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
   Yes  No
   1  X

2  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
   Yes  No
   2  X

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
   Yes  No
   3  X

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
   Yes  No
   4  X

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 98-197? If "Yes," complete Schedule C,
   Part III
   Yes  No
   5  X

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
   Yes  No
   6  X

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
   Yes  No
   7  X

8  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,
   complete Schedule D, Part III
   Yes  No
   8  X

9  Did the organization report an amount in Part X, line 2(a), 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
   Yes  No
   9  X

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
    Yes  No
   10 X

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
      Yes  No
      11a X
   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
      Yes  No
      11b X
   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
      Yes  No
      11c X
   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
      Yes  No
      11d X
   e  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
      Yes  No
      11e X
   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
      Yes  No
      11f X

12a Did the organization obtain separate independent audited financial statements for the tax year? If "Yes," complete
    Schedule S, Parts XI and XII
    Yes  No
    12a X

   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
    Yes  No
    12b X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
    Yes  No
    13 X

14a Did the organization maintain an office, employees, or agents outside of the United States?
    Yes  No
    14a X

   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
    Yes  No
    14b X

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
   Yes  No
   15 X

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
   Yes  No
   16 X

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 11? If "Yes," complete Schedule G, Part I (see instructions)
   Yes  No
   17 X

18 Did the organization report more than $15,000 total of fundraising event gross income and contributions on
   Part VIII, lines 7c and 8a? If "Yes," complete Schedule G, Part II
   Yes  No
   18 X

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
   Yes  No
   19 X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
    Yes  No
    20a X

   b  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
    Yes  No
    20b X
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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? If &quot;Yes,&quot; complete Schedule I, Parts I and II.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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? If &quot;Yes,&quot; complete Schedule J.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excessive benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25b Is the organization aware that it engaged in an excessive benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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? If &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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? If &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes&quot; complete Schedule N, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes&quot; complete Schedule N, Part II.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 3101.1-2 and 3101.1-3? If &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Parts II, III, or IV, and Part V, line 1.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; 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)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VII, lines 11b and 12? Note: All Form 990 filers are required to complete Schedule O.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
**Part V**

**Statements Regarding Other IRS Filings and Tax Compliance**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>b Enter the number of Forms W-2G included in line 1a</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See instructions for filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an exculsion statement that such contributions or gifts were not tax deductible?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8283?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Form 8283 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a启动 fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td>10a</td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td>10b</td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td></td>
<td>11a</td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td></td>
<td>11b</td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td>12a</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td>12b</td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td>13a</td>
</tr>
<tr>
<td>Note: See the instructions for additional information the organization must report on Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td></td>
<td>13b</td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td></td>
<td>13c</td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
   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
   1a 13

1b Enter the number of voting members included in line 1a, above, who are independent
   1b 13

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 X

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 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
   4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets?
   5 X

6 Did the organization have members or stockholders?
   6 X

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 X

7b Are any governance decisions of the organization reserved to (or subject to approval by) members
   stockholders, or persons other than the governing body?
   7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
   a The governing body?
   8a X
   b Each committee with authority to act on behalf of the governing body?
   8b X

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 X

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

10a Did the organization have local chapters, branches, or affiliates?
   10a X

10b 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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
   11a X

11b 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 X

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
   12b X

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"
   describe in Schedule O how this was done
   12c X

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?
   14 X

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 X
   b Other officers or key employees of the organization
   15b X

15a 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 X

16b 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?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed
   ▶ TN, NC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
   available for public inspection. Indicate how you made these available. Check all that apply
   [ ] Own website [ ] Other's website [x] 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
   ▶ NAN JONES
   3099 WINFIELD DUNN PARKWAY, SUITE 2
   KODAK, TN 37764 865-932-4794
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0-9 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."  
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average Hours per Week</th>
<th>(C) Position</th>
<th>(D) Reportable Compensation from the Organization (W-2/1099-MISC)</th>
<th>(E) Reportable Compensation from Related Organizations (W-2/1099-MISC)</th>
<th>(F) Estimated Amount of Other Compensation from the Organization and Related Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) NANCY DAVES</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(2) VICKY FULMER</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) BRUCE HARTMANN</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(4) LUKE D. HYDE</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) JOHN MASON</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) JIM OGLE</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) MERIDITH ELLIOTT POWELL</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) JUSTICE GARY WADE</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) MARK WILLIAMS</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) JAMES M. HART</td>
<td>40.00</td>
<td></td>
<td>110,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) NAM JONES</td>
<td>40.00</td>
<td></td>
<td>71,200</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>(A) Average hours per week</th>
<th>(B) Position</th>
<th>(C) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(D) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(E) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12) DANIEL P. MATTHEWS</td>
<td>1.00</td>
<td>BOARD CHAIRMAN</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>(13) DALE KEASLING</td>
<td></td>
<td>VICE CHAIRMAN</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>(14) STEPHEN W. WOODY</td>
<td></td>
<td>TREASURER</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>(15) KAY CLAYTON</td>
<td></td>
<td>SECRETARY</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
</tr>
</tbody>
</table>

1b Sub-total 

| c Total from continuation sheets to Part VII, Section A | 181,200 |
| d Total (add lines 1b and 1c) | 181,200 |

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. Yes [ ] No [X]

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual. Yes [X] No [ ]

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Yes [X] 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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 0
### Part VIII

**Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants, and Other Similar Amounts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td><strong>19,336</strong></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td><strong>815,883</strong></td>
</tr>
<tr>
<td>1f At other contributions, gifts, grants, and similar amounts not included above</td>
<td><strong>1,412,095</strong></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a–1f</td>
<td>$</td>
</tr>
<tr>
<td>1h Total, Add lines 1a–1g</td>
<td><strong>2,247,314</strong></td>
</tr>
</tbody>
</table>

Program Service Revenue:

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>2g Total, Add lines 2a–2f</td>
<td></td>
</tr>
</tbody>
</table>

Investment Income (including dividends, interest, and other similar amounts):  

- **146,119**

Income from Investment of Tax-Exempt Bond Proceeds:  

- **146,119**

Royalties:

<table>
<thead>
<tr>
<th>Royalties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3a Gross rents</td>
<td></td>
</tr>
<tr>
<td>3b Less: rent</td>
<td></td>
</tr>
<tr>
<td>3c Rental inc. or loss</td>
<td></td>
</tr>
<tr>
<td>3d Net rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>3e Gross amount from sales of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>3f Less: cost or other expenses</td>
<td></td>
</tr>
<tr>
<td>3g Gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>3h Net gain or (loss)</td>
<td></td>
</tr>
</tbody>
</table>

Gain or (loss) from fundraising events:

- **19,336**

<table>
<thead>
<tr>
<th>Gain or (loss) from fundraising events</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4a Gross income from fundraising events</td>
<td></td>
</tr>
<tr>
<td>4b Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>4c Net income or (loss) from fundraising events</td>
<td><strong>282,250</strong></td>
</tr>
</tbody>
</table>

Gross income from gaming activities:

<table>
<thead>
<tr>
<th>Gross income from gaming activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5a Gross income</td>
<td></td>
</tr>
<tr>
<td>5b Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>5c Net income or (loss) from gaming activities</td>
<td></td>
</tr>
</tbody>
</table>

Gross sales of inventory, less returns and allowances:

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross sales of inventory</td>
<td></td>
</tr>
<tr>
<td>6b Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>6c Net income or (loss) from sales of inventory</td>
<td></td>
</tr>
</tbody>
</table>

Miscellaneous Revenue:

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td></td>
</tr>
<tr>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td></td>
</tr>
<tr>
<td>7f</td>
<td></td>
</tr>
</tbody>
</table>

Total Add lines 11a–11d:

- **2,675,683**

Total revenue, See instructions:

- **2,675,683**

- **0**

- **0**

- **146,119**

---

**DAA**

Form 990 (2012)
<table>
<thead>
<tr>
<th>Part IX: Statement of Functional Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).</td>
</tr>
<tr>
<td>Check if Schedule O contains a response to any question in this Part IX.</td>
</tr>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 8c, and 10b of Part VIII.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21</td>
</tr>
<tr>
<td>2 Grants and other assistance to individuals in the U.S. See Part IV, line 22</td>
</tr>
<tr>
<td>3 Grants and other assistance to governments organizations, and individuals outside the U.S. See Part IV lines 15 and 16</td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)(A) and persons described in section 4958(c)(3)(B)</td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
</tr>
<tr>
<td>a Management</td>
</tr>
<tr>
<td>b Legal</td>
</tr>
<tr>
<td>c Accounting</td>
</tr>
<tr>
<td>d Lobbying</td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 7</td>
</tr>
<tr>
<td>f Investment management fees</td>
</tr>
<tr>
<td>g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
</tr>
<tr>
<td>13 Office expenses</td>
</tr>
<tr>
<td>14 Information technology</td>
</tr>
<tr>
<td>15 Royalties</td>
</tr>
<tr>
<td>16 Occupancy</td>
</tr>
<tr>
<td>17 Travel</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>20 Interest</td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>23 Insurance</td>
</tr>
<tr>
<td>24 Other expenses. (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.)</td>
</tr>
<tr>
<td>a Professional Services</td>
</tr>
<tr>
<td>b Telethon</td>
</tr>
<tr>
<td>c Public Relations</td>
</tr>
<tr>
<td>d Computer Expense</td>
</tr>
<tr>
<td>e All other expenses</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e.</td>
</tr>
<tr>
<td>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 □</td>
</tr>
</tbody>
</table>

Form 990 (2012)
<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash—non-interest bearing</td>
<td>6,061,136</td>
<td>4,824,948</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>2,675,329</td>
<td>716,273</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>296,666</td>
<td>256,278</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>29,911</td>
<td>19,680</td>
</tr>
<tr>
<td>10 Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D</td>
<td>206,348</td>
<td></td>
</tr>
<tr>
<td>11 Investments—publicly traded securities</td>
<td>87,895</td>
<td>82,401</td>
</tr>
<tr>
<td>12 Investments—other securities See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments—program-related See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets See Part IV line 11</td>
<td>176,786</td>
<td>190,623</td>
</tr>
<tr>
<td>16 Total assets Add lines 1 through 15 (must equal line 34)</td>
<td>9,327,723</td>
<td>10,169,117</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>31,386</td>
<td>27,084</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>158,413</td>
<td>196,896</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities Add lines 17 through 25</td>
<td>189,799</td>
<td>223,980</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete lines 27 through 29, and lines 33 and 34</td>
<td>2,331,286</td>
<td>2,540,169</td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>2,705,812</td>
<td>2,994,866</td>
</tr>
<tr>
<td>Temporarily restricted net assets</td>
<td>4,100,826</td>
<td>4,410,102</td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here ☑ and complete lines 30 through 34</td>
<td>9,137,924</td>
<td>9,945,137</td>
</tr>
<tr>
<td>Capital stock or trust principal, or current funds</td>
<td>9,327,723</td>
<td>10,169,117</td>
</tr>
<tr>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total net assets or fund balances</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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) .......................................................... 2,675,683
2. Total expenses (must equal Part IX, column (A), line 26) .......................................................... 1,868,470
3. Revenue less expenses. Subtract line 2 from line 1 .......................................................... 807,213
4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ....... 9,137,924
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
10. Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .......................................................... 9,945,137

---

**Part XII: Financial Statements and Reporting**
Check if Schedule O contains a response to any question in this Part XII.

1. Accounting method used to prepare the Form 990:  
   - Cash  
   - Accrual  
   - Other  
   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?  
   - Yes  
   - No  
   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

   2b. Were the organization's financial statements audited by an independent accountant?  
   - Yes  
   - No  
   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

   2c. 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?  
   - Yes  
   - No
   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

   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  
   - No

   3b. 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.
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.

Name of the organization: FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK

Employer Identification number: 62-1564782

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)(vii). (Complete Part II)

9. An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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)(3).

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).

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).

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.

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 (i) and (ii) below, the governing body of the supported organization.

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

(iii) A 25% controlled entity of a person described in (i) or (ii) above.

The organization

Is the organization listed in your governing document?

Did you notify the organization in col. (i) if your support was received?

Is the organization in col. (i) organized in the U.S.?

Amount of monetary support

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section 3160)</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) if your support was received?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2012

DAA
## 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;)</td>
<td>3,229,395</td>
<td>3,205,399</td>
<td>3,011,323</td>
<td>2,336,060</td>
<td>2,247,314</td>
<td>14,029,491</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>3,229,395</td>
<td>3,205,399</td>
<td>3,011,323</td>
<td>2,336,060</td>
<td>2,247,314</td>
<td>14,029,491</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14,029,491</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>3,229,395</td>
<td>3,205,399</td>
<td>3,011,323</td>
<td>2,336,060</td>
<td>2,247,314</td>
<td>14,029,491</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>139,558</td>
<td>139,442</td>
<td>152,153</td>
<td>101,497</td>
<td>146,119</td>
<td>732,769</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14,762,260</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>518,737</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2012 (line 6 column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2011 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95.04%</td>
</tr>
</tbody>
</table>

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, 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.

---

Schedule A (Form 990 or 990-EZ) 2012

DAA
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

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

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))</td>
<td>15</td>
<td>%</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>17</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17</td>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>18</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income percentage from 2011 Schedule A, Part III, line 17</td>
<td>18</td>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>19a</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>19b</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Private foundation, if the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

DAA
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).
### Schedule of Contributors

**FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK**

<table>
<thead>
<tr>
<th>Filer of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>□ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td>□ 501(c)(3) taxable private foundation</td>
<td></td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>□ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
</tbody>
</table>

**Check if your organization is covered by the General Rule or a Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

□ For an organization filing Form 990, 990-EZ, or 990-PF that received during the year, $5,000 or more (in money or property) from any one contributor, Complete Parts I and II

**Special Rules**

**X** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>STATE OF TENNESSEE</td>
<td>$401,996</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>DEPARTMENT OF FINANCE AND ADMINISTRA</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>14TH FLOOR, WILLIAM R. SNODGRASS</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>312 EIGHTH AVENUE NORTH</td>
<td></td>
<td>(Complete Part II if there is a noncash contribution)</td>
</tr>
<tr>
<td></td>
<td>NASHVILLE TN 37243</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ASLAN FOUNDATION</td>
<td>$300,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>4800 OLD KINGSTON PIKE, SUITE 100</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>KNOXVILLE TN 37919</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SCRIPPS NETWORKS</td>
<td>$103,900</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>P.O. BOX 51850</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>KNOXVILLE TN 37950</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution)</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>NC DIVISION OF MOTOR VEHICLES</td>
<td>$402,780</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>P.O. BOX 29615</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>RALEIGH NC 27626</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution)</td>
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</tr>
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</tbody>
</table>
Supplemental Financial Statements

FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK

Employer Identification number
62-1564782

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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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)
   - 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.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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):
- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Beginning of year balance</td>
<td>4,100,830</td>
<td>3,441,630</td>
<td>2,241,989</td>
<td>1,147,604</td>
</tr>
<tr>
<td>b Contributions</td>
<td>433,736</td>
<td>601,417</td>
<td>1,131,894</td>
<td>1,036,551</td>
</tr>
<tr>
<td>c Net investment earnings, gains, and losses</td>
<td>43,392</td>
<td>57,783</td>
<td>70,727</td>
<td>57,364</td>
</tr>
<tr>
<td>d Grants or scholarships</td>
<td>5,590</td>
<td>2,980</td>
<td>1,530</td>
<td></td>
</tr>
<tr>
<td>e Other expenditures for facilities and programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Administrative expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g End of year balance</td>
<td>4,572,364</td>
<td>4,100,826</td>
<td>3,441,628</td>
<td>2,241,989</td>
</tr>
</tbody>
</table>

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 ▶ 100.00 %
- 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
- (ii) related organizations

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

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(A) Cost or other basis (investment)</th>
<th>(B) Cost or other basis (other)</th>
<th>(C) Accumulated depreciation</th>
<th>(D) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>56,631</td>
<td>11,955</td>
<td>44,676</td>
<td>92,401</td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>149,717</td>
<td>111,992</td>
<td>37,725</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, Add lines 1a through 1e. (Column (D) must equal Form 990, Part X, column (B), line 10(c)). ▶ 92,401
### Schedule D (Form 990) 2012

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end of year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
<td></td>
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<tr>
<td>(D)</td>
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<td>(E)</td>
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<td>(F)</td>
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<td>(G)</td>
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<td></td>
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<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)**

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

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end of year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
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<td>(4)</td>
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<td>(5)</td>
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<td>(6)</td>
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<td>(7)</td>
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<td>(8)</td>
<td></td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)**

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td>(7)</td>
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<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)**

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

1. **(a) Description of liability**
2. **(b) Book value**

1. Federal income taxes
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)**

2. **FIN 48 (ASC 740) Footnote** in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

1. Total expenses and losses per audited financial statements.
   - Amounts included on line 1 but not on Form 990, Part IX, line 25:
     a. Donated services and use of facilities  
     b. Prior year adjustments  
     c. Other losses  
     d. Other (Describe in Part XIII)  
     e. Add lines 2a through 2d
   
2. Subtract line 2e from line 1
   
3. Amounts included on Form 990 Part IX, line 25, but not on line 1:
   a. Investment expenses not included on Form 990 Part VIII, line 7b  
   b. Other (Describe in Part XIII)  
   c. Add lines 4a and 4b
   
4. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)

### Part XIII: Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines a1 and b4; 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.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

| IN-KIND SPECIAL EVENTS EXPENSE IN REVENUE IN FS | $ | -32,144 |

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

| IN-KIND SPECIAL EVENTS EXPENSE IN REVENUE IN FS | $ | -32,144 |
**SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING OR GAMING ACTIVITIES**

**FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK**

**Employer Identification Number:** 62-1564782

**1. Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- a. Mail solicitations
- b. Internet and email solicitations
- c. Phone solicitations
- d. In-person solicitations
- e. Solicitation of non-government grants
- f. Solicitation of government grants
- g. Special fundraising events

**2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?**

- [ ] Yes
- [ ] No

**2b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.**

<table>
<thead>
<tr>
<th>(I) Name and address of individual or entity (fundraiser)</th>
<th>(II) Activity</th>
<th>(III) Did fundraiser have control or oversight of fundraising?</th>
<th>(IV) Gross receipts from activity</th>
<th>(V) Amount paid to (or retained by) fundraiser listed in col. III</th>
<th>(VI) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Total**

- List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing:

---

**Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ**

**Schedule G (Form 990 or 990-EZ) 2012**
### Part I. Fundraising Events

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>EVERGREEN BALL</th>
<th>SWAG AUCTION</th>
<th>3</th>
<th>(e) Total events (add col. (a) through col. (d))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>423,009</td>
<td>79,581</td>
<td>31,998</td>
<td>534,588</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>16,480</td>
<td>131</td>
<td>975</td>
<td>17,586</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>406,529</td>
<td>79,450</td>
<td>31,023</td>
<td>517,002</td>
</tr>
</tbody>
</table>

| 4 Cash prizes |  |
| 5 Noncash prizes |  |
| 6 Rent/facility costs |  |
| 7 Food and beverages | 63,541 | 10,319 | 5,310 | 79,170 |
| 8 Entertainment | 3,050 |  |
| 9 Other direct expenses | 99,584 | 1,433 | 1,020 | 102,037 |

10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ 194,257

11 Net income summary. Combine line 3, column (d), and line 10 ▶ 332,745

### Part II. Gaming

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingos/progressive bingos</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 Volunteer labor: Yes % No % Yes % No

7 Direct expense summary. Add lines 2 through 5 in column (d) ▶

8 Net gaming income summary. Combine line 1, column d, and line 7 ▶

9 Enter the state(s) in which the organization operates gaming activities:
   a. Is the organization licensed to operate gaming activities in each of these states? □ Yes □ No
   b. If "No," explain:

10a Were any of the organization’s gaming licenses revoked, suspended or terminated during the tax year? □ Yes □ No
   b. If "Yes," explain:
Schedule G (Form 990 or 990-EZ) 2012  FRIENDS OF GREAT SMOKY MOUNTAINS  62-1564782  Page 3

11 Does the organization operate gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity operated in:
   a The organization’s facility  
   b An outside facility  
   13a  %
   13b  %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No
   b If "Yes" enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $
   c If "Yes," enter name and address of the third party:

   Name ▶
   Address ▶

16 Gaming manager information:

   Name ▶

   Gaming manager compensation ▶ $

   Description of services provided ▶
   □ Director/officer  □ Employee  □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
**SCHEDULE I**
(Form 990)

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.

Name of the organization: FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK

Employer identification number: 62-1564782

---

**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 [X] No

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

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**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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREAT SMOKY MOUNTAINS NATIONAL PARK</td>
<td></td>
<td></td>
<td>1,023,746</td>
<td></td>
<td></td>
<td>PARK PROJECTS</td>
<td></td>
</tr>
<tr>
<td>107 PARK HEADQUARTERS ROAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GATLINBURG, TN 37738</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>Part III: Grants and Other Assistance to individuals in the United States. Complete if the organization answered &quot;Yes&quot; to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Type of grant or assistance</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

**GREAT SMOKY MOUNTAINS NATIONAL PARK PROVIDES FRIENDS OF THE SMOKIES WITH**

**DETAILED EXPENDITURES LISTINGS AND SUMMARY REPORTS OF PARK PROJECT EXPENSES.**
Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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Name of the organization: FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK

Employer Identification number: 62-1564782

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Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE PRESIDENT AND CFO REVIEW A DRAFT COPY OF THE 990, PRESENT A DRAFT COPY OF THE 990 TO THE BOARD OF DIRECTORS; BOARD MEMBERS THEN DISCUSS AND VOTE TO APPROVE THE 990 BEFORE IT IS FILED.

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Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ANNUALLY, THE ORGANIZATION SUBMITS A CONFLICT OF INTEREST DISCLOSURE FORM TO EACH MEMBER OF THE BOARD OF DIRECTORS. THE CFO ACCOUNTS FOR THESE FORMS AND THEY ARE MAINTAINED IN A SECURE LOCATION.

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Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE COMMITTEE AND OFFICERS OF THE BOARD OF DIRECTORS, MEET QUARTERLY TO DISCUSS COMPENSATION. COMPENSATION IS VOTED ON AND APPROVED BY THE EXECUTIVE COMMITTEE AND OFFICERS.

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Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THREE YEARS OF AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE POSTED ON THE WEBSITE, ALONG WITH DONOR PRIVACY POLICY. THESE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST. ALL OTHER POLICIES AND DOCUMENTS ARE AVAILABLE UPON REQUEST.

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Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

IN-KIND SPECIAL EVENTS EXPENSE IN REVENUE IN FS $ -32,144

IN-KIND SPECIAL EVENTS EXPENSE IN REVENUE IN FS $ 32,144

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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule O (Form 990 or 990-EZ) (2012)

DAA