## 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

**Open to Public Inspection** 

	For th	e 2009 calend	dar year, o	or tax year b	peginning		, 2009,	and endi	ng			,				
В	Check if	applicable:	_	C Name of o	organization					D Employ	er Iden	tification N	ımber			
	Add	dress change	Please use IRS label	Tenness	see Enviro	nmental Cour	ncil			62-	0951	L294				
	Naı	me change	or print or type.	Number a	nd street (or P.O. box	if mail is not delivered t	to street ad	dr) Room/	'suite	E Telepho	one nun	nber				
	Init	ial return	See specific	One Var	ntage Way			E-2	:50	(615) 248-6500						
	Ħ	rmination	Instruc- tions.		or country		State	ZIP code +	4							
		nended return		Nashvil	11e		TN	37228		<b>G</b> Gross r	eceints	\$ 286	. 717			
	=	plication pending	F Name a		orincipal officer:		211	07220		a group retur			Yes	X No		
		prication penang		•	•	250 Nashville	תיד ב	37228		II affiliates inc			Yes	No		
$\overline{}$	Tay.	exempt statu			) <b>(</b> insert no.			527	If 'No,	' attach a list.	(see in	structions)				
÷			w.tect		) (ITSCITTIO.	)     +3+7 (a)(	1) 01	327	- U(a) Croun	exemption nu	ımhor	<b>&gt;</b>				
K		of organization:	X Corpora		st Association	Other ►	l v	an of Farm	ation: 197			legal domic	ile. TN			
	rt I	Summa		ation   Trus	ASSOCIATION	Other		ear or Form	alion. 191	U JIII S	olale of	legal domic	ile. III			
1 6				anization's	mission or most	significant activitie	ъс. То	educa	ate and	d advoc	ate	for t				
						ronment and				<u>a auvoc</u>	<u>ace</u>		<u></u>	. – – – .		
Activities & Governance	-	<u> P100001</u>			<u> </u>	<u></u>										
гпа	-															
٥	2	Check this bo	x ►	if the organ	ization discontin	ued its operations	or dispos	sed of mo	re than 25	5% of its as	ssets.					
g						Part VI, line 1a)						12				
S						erning body (Part \						12				
ŧ												7				
Ę												225				
•						/III, Icolumn (C), in								0.		
	D	ivet unrelated	business	taxable inc	ome from Form	990-T, line 34					7 b					
	_									Prior Year		Cui	rrent Ye			
e										191,1				308.		
Je Ji		-								97,4			/0,	261.		
Revenue						4, and 7d)				17,0	83.		12	9. 349.		
			-	-	•	c, 9c, 10c, and 11e I Part VIII, column	-			306,3				927 <b>.</b>		
										300,3			2/3,	321.		
	<ul><li>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</li><li>14 Benefits paid to or for members (Part IX, column (A), line 4)</li></ul>															
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), line 4)									169,6	:00		117	325.		
es			-					-		<u> </u>	323.					
Expenses						line 11e)										
Ϋ́					K, column (D), Iir			6 <b>,</b> 778.	-							
			•	•	•	d, 11f-24f)				181,1				837 <u>.</u>		
	18	Total expense	es. Add Iir	nes 13-17 (n	nust equal Part I	X, column (A), line	25)			350,8				<u>162.</u>		
	19	Revenue less	expenses	s. Subtract I	ine 18 from line	12				-44,4	145.		<u>28,</u>	765.		
s or									Begi	inning of Y	'ear	En	d of Ye	ar		
sset			•	,						79,2	202.			824.		
Net Assets or Fund Balances	21	Total liabilitie	s (Part X,	line 26)						75 <b>,</b> 7	718.		<u>63,</u>	<u>575.</u>		
					act line 21 from	line 20				3,4	184.		32,	249.		
Pa	rt II	Signati	ure Bloc	ck												
		Under penaltie	es of perjury,	I declare that I	have examined this re	eturn, including accompa officer) is based on all ir	nying sche	dules and st	atements, an	d to the best o	of my kr	nowledge an	d belief, it	t is		
		tide, correct, a	ina complete	. Deciaration of	preparer (other than	officer) is based off all if	normation	or writeri pre	Jaiei ilas aliy	Kilowieuge.						
Siç		<b>—</b>														
He	re	Signature	of officer						D	ate						
		<b>-</b>														
		Type or pr	rint name an	d title.			1		-		1					
_							D	ate		Check if self-		Preparer's id see instructi	entifying r ons)	ıumber		
Pa		Preparer's	_							employed ►	X					
Pre	e- rer's	signature	<u> </u>													
Us		Firm's name (	or <u>Tra</u>	<u>cie Ped</u>	igo CPA											
On		yours if self- employed),	employed), address and							EIN ►						
		ZIP + 4	Gal	latin		TN	3706	6	F	Phone no.	(61	5) 230	0-98 <u>0</u>	16		
May	the IF	RS discuss thi	is return v	vith the prep	parer shown abov	ve? (see instruction	ns)					X Y	es 🗍	No		

BAA TEEA0102 07/20/09 Form **990** (2009)

175,608.

0.) (Revenue \$

13,442.)

78,279. including grants of

4e Total program service expenses ►

# Form 990 (2009) Tennessee Environmental Council 62-0951294 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10		10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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			
	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			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	• 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? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	-		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
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, Part II	15		х
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? <i>If 'Yes,' complete Schedule F, Part III</i>	16		х
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	17		х
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	Х	
19	complete Schedule G, Part III			х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

# Form 990 (2009) Tennessee Environmental Council Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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 'Yes,' complete Schedule I, Parts I and III	22		Х
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		Х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
ı	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		
25	a 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? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transation 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? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</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		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	ı

BAA Form **990** (2009) Form 990 (2009) Tennessee Environmental Council

Part V Statements Regarding Other IRS Filings and Tax Compliance

and the formation to gain and great and the complete and			
		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.Information Returns. Enter -0- if not applicable			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
<b>6a</b> 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?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a	Х	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	Х	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
<b>8</b> 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?	8		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		Х
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
0 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	10		
<b>I2a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			

BAA Form **990** (2009) Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management						
			,	1 1			Yes	No
1 a	<b>a</b> Enter the	number of voting members of the governing body		1a 1	.2			
ı	<b>b</b> Enter the	number of voting members that are independent		1b 1	.2			
2	Did any o	fficer, director, trustee, or key employee have a family relector, trustee or key employee?	ationship or a business rela	ationshi	p with any other	2		Х
3	Did the o	ganization delegate control over management duties cust , directors or trustees, or key employees to a managemen	comarily performed by or uno	der the	direct supervision	3		х
4		ganization make any significant changes to its organization				4		X
-		prior Form 990 was filed?						
5		ganization become aware during the year of a material di				5		Х
6		organization have members or stockholders?				6		X
7 8	Does the	organization have members, stockholders, or other person body?	ns who may elect one or mo	ore mei	mbers of the	7a		х
1		ecisions of the governing body subject to approval by me				7b		X
	-			•		7.5		
<ul><li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li><li>a The governing body?</li></ul>								
						8a	X	<del>                                     </del>
		mittee with authority to act on behalf of the governing boo	•			8b	Х	
		ny officer, director or trustee, or key employee listed in Pa on's mailing address? If 'Yes,' provide the names and ad				9		Х
		Policies (This Section B requests information	on about policies not i	requir	ed by the Interna	1		
Rev	enue Code.	)						
10.	- Dana Han	avanai-atian hava laad shaataya hyanahaa ay affiliataa?				10-	Yes	No
		organization have local chapters, branches, or affiliates?				10 a		X
	and brand	pes the organization have written policies and procedures hes to ensure their operations are consistent with those of	of the organization?			10b		
		rganization provided a copy of this Form 990 to all memb		efore fili	ing the form?	11	Х	
		n Schedule O the process, if any, used by the organization						
		organization have a written conflict of interest policy? If 'I	-			12a	Х	
	to conflic	rs, directors or trustees, and key employees required to d				12b	Х	
•	Does the Schedule	organization regularly and consistently monitor and enford on how this is done	ce compliance with the polic	cy? <i>If</i> '\	Yes,' describe in	12c	Х	
13	Does the	organization have a written whistleblower policy?				13		Х
14	Does the	organization have a written document retention and destru	uction policy?			14	Х	
15	Did the p persons,	ocess for determining compensation of the following pers comparability data, and contemporaneous substantiation of	ons include a review and ap of the deliberation and decis	pproval sion?	by independent			
		ization's CEO, Executive Director, or top management of				15a		Х
ı	<b>o</b> Other offi	cers of key employees of the organization				15b		Х
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (Se	e instructions.)					
16		ganization invest in, contribute assets to, or participate in ng the year?				16a		х
ı	If 'Yes,' h in joint ve	as the organization adopted a written policy or procedure nture arrangements under applicable federal tax law, and nrespect to such arrangements?	requiring the organization to I taken steps to safeguard th	o evalu he orga	ate its participation inization's exempt	16b		
Sec		Disclosures				וטט		
		ates with which a copy of this Form 990 is required to be	filed ► Tennessee					
18	Section 6	104 requires an organization to make its Forms 1023 (or in Indicate how you make these available. Check all that a	1024 if applicable), 990, and					
	Own	website X Another's website X Up	oon request					
19	Describe statemen	n Schedule O whether (and if so, how) the organization ns available to the public.	nakes its governing docume	ents, co	nflict of interest policy	, and	financ	ial
20	State the	name, physical address, and telephone number of the pe	rson who possesses the boo	oks and	d records of the organ	ization	:	
	► <u>Gretcl</u>	en Hagle One Vantage Way E-250	Nashville T	' <u>N</u> 3	<u> 37228 (6</u>	1 <u>5</u> )_2	<u> </u>	<u>6500</u>

Form 990 (2009)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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 the organization did not compensate any current officer, director, or trustee.											
(A)	(B)			(	c)			(D)	(E)	(F)	
Name and Title	Average hours					hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	ardividual frustee or director	institutional trustee	Officer	Key amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of their compensation from the organization and related organizations	
Robert Diehl											
Board of Directors	3.00	Х						0.	0.	0.	
Mike Crosby											
Board of Directors	3.00	Х						0.	0.	0.	
Sandy Kurtz											
Board of Directors	3.00	X						0.	0.	0.	
Dodd Galbreath											
Board of Directors	3.00	Х						0.	0.	0.	
Paul McCown									_	_	
Board of Directors	3.00	Х						0.	0.	0.	
Trish Mixon											
Board of Directors	3.00	Х						0.	0.	0.	
Joseph Prochaska Board of Directors	3.00	Х						0.	0.	0.	
Bob Tuke											
Board of Directors	3.00	Х						0.	0.	0.	
Donnie Safer											
President/Chairman	10.00			Х				0.	0.	0.	
Mary Mastin											
Secretary	3.00			Х				0.	0.	0.	
<u> Shari Meghreblian</u>											
Treasurer	3.00			Х				0.	0.	0.	
John Mcfadden											
Executive Director	30.00			Х				44,458.	0.	0.	

\$100,000 in compensation from the organization ightharpoonup

Part VII   Section A. Officers, Directors, Trus	tees, r	ley	Em	1pic	oye	es,	an	a Highest Con	npensated Emp	loyees	(cont.)
(A)	(B)			(0	•			(D)	(E)		(F)
Name and Title	Average hours		osition (check all that apply)					Reportable compensation from	Reportable compensation from		stimated int of other
	per week	Indiv or di	Institutional trustee	Officer	Key	Highest compensa: employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	pensation om the
		rect	tutio	ĕ	emp	lest o	ner	(**-2/1033-141100)	(W-2/1033-WIIGO)	org	anization d related
		or tru	nal		employee	comp					anizations
		trustee	trust		čĎ	pens					
			ee			ated					
	_										
	4										
	_										
	-										
	-										
-											
	_										
	_										
41 7								44.450			
1b Total								44,458.	0.	<u> </u>	0.
2 Total number of individuals (including but not limited	to thos	e list	ted a	abov	/e) v	who	rece	eived more than \$	100,000 in reportabl	e compe	ensation
from the organization											Yes No
											res No
<b>3</b> Did the organization list any <b>former</b> officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>	or truste dividual	e, ke	ey e	mpl	oye	e, or	r hig	hest compensated	l employee	. 3	х
4 For any individual listed on line 1a, is the sum of rep											A
the organization and related organizations greater th	ıan \$150	0,000	)? If	f 'Ye	s' c	omp	lete	Schedule J for su	ch		
individual										4	X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa	ation	fror	m ar	ny u	nrel	ated	organization for s	services	5	v
Section B. Independent Contractors	edule J	101 5	исп	per:	SOII					3	X
1 Complete this table for your five highest compensate	ed inden	ende	ent d	contr	racto	ors t	that	received more tha	n \$100,000 of		
compensation from the organization.		0	,,,,								
(A)								(В	)	(0	C)
Name and business addres	S							Description of	of Services	Compe	ńsation
0 T.I								<u> </u>			
2 Total number of independent contractors (including to	out not l	ımıte	ed to	) tho	se l	ıste	d ab	ove) who received	more than		

Pa	rt VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d				
NTRIBUTIONS, ND OTHER SIMII	e Government grants (contributions)				
ខ្ម	h Total. Add lines 1a-1f▶	161,308.			
N	Business Code				
ICE REVE	2a Earth Day 900099  b Summit for a Sustainable TN-Reg 900099  c	59,320. 10,006.	59,320. 10,006.	0.	0.
AM SERV	c d e				
S.S.	f All other program service revenue	935.	935.	0.	0.
PRO	g Total. Add lines 2a-2f	70,261.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	9.	0.	0.	9.
	<b>5</b> Royalties				
	(i) Real (ii) Personal  6a Gross Rents				
	<b>d</b> Net rental income or (loss)	5,970.	0.	0.	5,970.
	7 a Gross amount from sales of assets other than inventory .  b Less: cost or other basis and sales expenses				
	<b>d</b> Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including . \$ of contributions reported on line 1c).  See Part IV, line 18				
ō	c Net income or (loss) from fundraising events	37,379.	37,379.	0.	0.
	9a Gross income from gaming activities. See Part IV, line 19	3,73,5	<b>,</b>		
	<b>b</b> Less: direct expenses				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less: cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
	11a				
	b				
	_				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	274,927.	107,640.	0.	5,979.

#### Part IX Statement of Functional Expenses

Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses							
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21											
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22											
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors, trustees, and key employees	44,458.	31,223.	6,501.	6,734.							
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	63,807.	45,542.	10,536.	7,729.							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes	9,060.	6,074.	1,827.	1,159.							
11	Fees for services (non-employees)											
á	Management											
	Legal		1,280.	0.	0.							
	Accounting		0.	3,115.	0.							
	Lobbying			,								
	Prof fundraising svcs. See Part IV, In 17				_							
	Investment management fees											
	<b>3</b> Other	1,070.	0.	1,070.	0.							
12	Advertising and promotion	2,741.	2,201.	540.	0.							
13	Office expenses	4,463.	2,204.	1,541.	718.							
14	Information technology	4,403.	2,204.	1,541.	710.							
15	Royalties											
			790.	22 062	25							
16	Occupancy	23,878. 3,457.		23,063.	25. 27.							
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,457.	3,427.	3.	21.							
19	Conferences, conventions, and meetings											
20	Interest	289.	0.	289.	0.							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	2,199.	0.	2,199.	0.							
23 24	Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)											
á	Bank Charges	2.	0.	2.	0.							
	Insurance	1,522.	0.	1,522.	0.							
	Donations	0.	0.	0.	0.							
(	Dues/Subscriptions	825.	450.	375.	0.							
	Licenses/Permits	481.	0.	481.	0.							
	All other expenses	83,515.	82,417.	712.	386.							
	Total functional expenses. Add lines 1 through 24f	246,162.	175,608.	53,776.	16,778.							
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		,	23, 9								
RAA					Form <b>990</b> (2009)							

**BAA** Form **990** (2009)

Page 11

#### Part X Balance Sheet (A) Beginning of year End of year 44,213. 66,664. 1 Cash — non-interest-bearing ..... Savings and temporary cash investments ..... 8,925 2 1,728. 3 3 Pledges and grants receivable, net ..... Accounts receivable, net 14. 4 3,267. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ...... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ... 6 Notes and loans receivable, net ..... 7 8 9 314. Prepaid expenses and deferred charges ..... 10a Land, buildings, and equipment: cost or other basis. . | 10a 49,714. Complete Part VI of Schedule D 25,863. 26,050. 10 c 23,851. 11 Investments – other securities, See Part IV, line 11 ...... 12 12 13 Investments – program-related. See Part IV, line 11 ..... 13 14 Intangible assets ..... 14 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34) ..... 79,202. 16 95,824. 16 17 Accounts payable and accrued expenses ..... 32,428. 17 17,010. 18 Grants payable ..... 18 19 20 Tax-exempt bond liabilities ..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D ..... 21 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L ..... 23 23 Secured mortgages and notes payable to unrelated third parties ...... Unsecured notes and loans payable to unrelated third parties ..... 24 43,290. 25 46,565. Other liabilities. Complete Part X of Schedule D ...... **Total liabilities.** Add lines 17 through 25 ..... 75,718. 26 63,575. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 3,484. 27 32,249. Unrestricted net assets ..... 28 28 Temporarily restricted net assets ...... 29 Q R Organizations that do not follow SFAS 117, 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, and equipment fund ...... 31 32 32 Retained earnings, endowment, accumulated income, or other funds ..... 33 Total net assets or fund balances. 3,484. 33 32,249. 34 79,202. 34 95,824.

BAA Form 990 (2009) Form **990** (2009)

Part XI Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ......... **b** Were the organization's financial statements audited by an independent accountant? ..... 2b Х c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c 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. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Х 3 a **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. 3b

**BAA** Form **990** (2009)

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name o	ame of the organization Employer identification number												
Ten	ne	ssee Environ	mental Counci:	l					62-09	951294	1		
Par	: I	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	ete this	part.)	See i	nstruct	ions		
The c	rga	nization is not a priv	vate foundation becaus	se it is: (For lines 1 throu	gh 11, c	neck onl	ly one bo	ox.)					
1		A church, convention	on of churches or asso	ciation of churches desc	ribed in	section	1 <b>70(b)(</b> 1	)(A)(i).					
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ.)								
3		A hospital or coope	erative hospital service	organization described i	in <b>sectio</b>	n 170(b)	)(1)(A)(ii	i).					
4				d in conjunction with a ho					b)(1)(A)(	(iii). Ente	er the hospi	tal's	
		name, city, and sta		,	·			`		•			
5			erated for the benefit	of a college or university	owned o	r operat	ted by a	governr	nental u	nit descr	ibed in <b>sec</b>	tion	
6				overnmental unit describ									
7	X	in section 170(b)(1	)(A)(vi). (Complete Pa	•		. 3.	ernment	al unit o	or from t	he gener	ral public d	escrib	ed
8		A community trust	described in section 1	<b>70(b)(1)(A)(vi).</b> (Complet	e Part II.	.)							
9		from activities relat investment income	ted to its exempt funct	more than 33-1/3 % of ions — subject to certain ss taxable income (less somplete Part III.)	exception	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fr	om gr	oss
10		An organization org	ganized and operated	exclusively to test for pub	blic safet	y. See <b>s</b>	section 5	509(a)(4	).				
11		more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	a)(1) or s	ection 5	09(a)(2)	ions of, . See <b>s</b>	or carry ection 5	out the <b>09(a)(3).</b>	purposes of Check the	f one box t	or hat
		<b>a</b> Type I	<b>b</b> Type II	c Type II	I – Fund	tionally	integrate	ed		d	Type III-	Other	
е		By checking this both than foundation ma 509(a)(2).	ox, I certify that the organagers and other than	ganization is not controlled one or more publicly su	ed directi ipported	y or ind organiza	irectly by ations de	y one or escribed	more d in secti	isqualifie on 509(a	ed persons a)(1) or sec	other tion	
f				ermination from the IRS t									🗆
g		Since August 17, 2	006, has the organizat	ion accepted any gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?			
												Yes	No
		(i) a person who	directly or indirectly of	controls, either alone or to	ogether	with pers	sons des	scribed	in (ii) an	d (iii)	11 - (1)		
		-		ipported organization? .							11 g (i)		
		• •	•	ribed in (i) above?									
				described in (i) or (ii) ab							. 11 g (iii)		
h				ne supported organization			I		1				
	(	i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col. It in your erning ment?	the organ	ou notify nization in (i) of upport?	organizat (i) organiz	s the ion in col. zed in the S.?	(vii) Amour	nt of Sup	oport
					Yes	No	Yes	No	Yes	No			
_													
Total													

Tennessee Environmental Council Schedule **A** (Form 990 or 990-EZ) 2009 62-0951294 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . 100,442 84,272 294,431 190,865 161,308 831,318. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf ...... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ..... **Total.** Add lines 1-through 3 . . . 100,442. 84,272. 294,431. 190,865. 161,308 831,318. 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) 0. Public support. Subtract line 5 831,318. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > 7 Amounts from line 4 . . . . . . . 100,442 84,272 294,431 190,865 161,308 831,318. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form <u>5,9</u>79. 683 6,662. similar sources . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include 10 gain or loss from the sale of capital assets (Explain in Part IV.) ..... 0 0 17,401 9,946 27,347. Total support. Add lines 7 865,327. through 10 ..... 12 330,848. 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 . . .

sec	ection C. Computation of Public Support Percentage										
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	96.07%								
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	92.64%								
16 a	a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or mor and stop here. The organization qualifies as a publicly supported organization.										

b 33-1/3 support test - 2008. 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 - 2009 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 - 2008. 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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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## Schedule A (Form 990 or 990-EZ) 2009 Tennessee Environmental Council Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in)►	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
	Gross receipts from							
	admissions, merchandise sold or services performed, or							
	facilities furnished in a activity that is related to the							
	organization's tax-exempt							
2	purpose							
3	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							
	<b>Total.</b> Add lines 1 through 5							
/ a	Amounts included on lines 1, 2, 3 received from disqualified persons							
ŀ	Amounts included on lines 2							
	and 3 received from other than disqualified persons that							
	exceed the greater of 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.)							_
Sec	tion B. Total Support		T	1	1			
	ndar year (or fiscal yr beginning in) ►	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> 200	9	(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received							
	on securities loans, rents,							
	royalties and income form similar sources							
Ł	Unrelated business taxable							
	income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included inline 10b,							
	whether or not the business is							
12	regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (add Ins 9, 10c, 11, and 12.)							
	First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 50	1(c)(3)	
	tion C. Computation of Pul							
	Public support percentage for 200			2 12 column (f))			15	%
	Public support percentage from 2	•	•				16	
	tion D. Computation of Inv						10	70
	Investment income percentage for				nn (f))		17	%
18	Investment income percentage from	•	* *	-			18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo							
	<b>33-1/3 support tests</b> — <b>2008.</b> If the is not more than 33-1/3%, check	e organization did	d not check a box	on line 14 or 19a.	and line 16 is mo	re than 33-1	1/3%. aı	nd line 18
20	Private foundation. If the organiz	-		•		-		<b>—</b>

Schedule A (Form 9	990 or 990-EZ) 2009	Tennessee	Environm	ental C	council		62-0951294	
Part IV Suppl Part II	<b>emental Informa</b> I, line 17a or 17b	tion. Complete; and Part III,	e this part to line 12. Prov	provide vide any	the explana other addition	itions requi onal inform	red by Part I ation. See in	I, line 10; structions.
Other Income	e Part II, Li	ne_10						
Description:	Reimbursed	Shared Exp						
2005: 13116.								
2006: 0.								
2009: 0.								
Description:	Misc Income							
2005: 4285.								
2008: 9946.								
2009: 0.								

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

2009

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

#### If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Ye	es,' to Form 990	, Part IV, line 5	(Proxy T	ax), then
----------------------------------	------------------	-------------------	----------	-----------

• (	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Name	of organization			Employer identification	ation number
Ter	nnessee Environment	al Council		62-095129	
Pai	rt I-A   Complete if the or	rganization is exempt under section	on <b>501(c)</b> or is a s	section 527 organiz	zation.
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P	art IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Pa	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization under se	ection 4955	<b>⊳</b> \$	
2		se tax incurred by organization managers u			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4 8	a Was a correction made?				Yes No
ı	<b>b</b> If 'Yes,' describe in Part IV.				
Pai	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1		pended by the filing organization for section			
2	Enter the amount of the filing	organization's funds contributed to other o	raanizations for cootic	on 527 avampt	
2	function activities	organization's funds contributed to other o		►\$	
3	Total of exempt function expeline 17b	enditures. Add lines 1 and 2. Enter here and	d on Form 1120-POL,	▶\$	
4		Form 1120-POL for this year?			Yes No
5	Enter the names, addresses made. For each organization	and employer identification number (EIN) o listed, enter the amount paid from the filing ere promptly and directly delivered to a sep e (PAC). If additional space is needed, prov	f all section 527 political organization's funds	cal organizations to which	ch payments were
	or a political action committe	e (PAC). If additional space is needed, prov	vide information in Pa	rt IV.	
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
				·	·

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

Schedule **C** (Form 990 or 990-EZ) 2009

Schedule <b>C</b> (Form 990 or 990-EZ) 2009					62-095	
Part II-A Complete if the section 501(h		n is	exempt under sec	ction 501(c)(3) and	filed Form 5768 (e	lection under
<u>_</u>	**	nas ta	o an affiliated group.			
<b>=</b> `		-	oox A and 'limited cont	rol' provisions apply.		
(The term '	Limits on Lobbyi expenditures' mea	ng Ex ins an	penditures — nounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pul	olic op	oinion (grass roots lobl	oying)	0.	
<b>b</b> Total lobbying expenditure	es to influence a le	egisla <sup>.</sup>	tive body (direct lobby	ng)	1,037.	
c Total lobbying expenditure	es (add lines 1a a	nd 1b)	)			
<b>d</b> Other exempt purpose ex	penditures					
e Total exempt purpose exp	oenditures (add lin	es 1c	and 1d)		234,994.	
<b>f</b> Lobbying nontaxable amo both columns.	ount. Enter the am	ount f	rom the following table	e in	46,999.	
If the amount on line 1e, colur	nn (a) or (b) is:	The lo	obbying nontaxable ar	nount is:		
Not over \$500,000			of the amount on line 1e.			
Over \$500,000 but not over \$1,0	00,000	\$100,0	000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,			000 plus 10% of the excess	• , , ,		
Over \$1,500,000 but not over \$1	7,000,000	\$225,0	000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000		\$1,000	•			
<b>g</b> Grassroots nontaxable an	•		•		•	
<b>h</b> Subtract line 1g from line						
i Subtract line 1f from line	1c. If zero or less,	enter	r -0		0.	
j If there is an amount othe section 4911 tax for this y	er than zero on eitl year?	ner lin	ne 1h or line 1i, did the	organization file Form	4720 reporting	Yes No
(Some	e organizations the colum	at ma	ar Averaging Period U de a section 501(h) eld low. See the instruction	nder Section 501(h) ection do not have to c ons for lines 2a through	omplete all of the five	
				4-Year Averaging Perio	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006		<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> Total
2a Lobbying non-taxable amount	24,28	1.	0.	69,721.	48,800.	142,802.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						214,203.
<b>c</b> Total lobbying expenditures		0.		1,047.	1,037.	2,084.
<b>d</b> Grassroots nontaxable amount	6,07	0.	0.	17,430.	12,200.	35 <b>,</b> 700.
e Grassroots ceiling amount (150% of line 2d, column (e))						53,550.
f Grassroots lobbying expenditures		0.	0.	1,047.	1,037.	2,084.

BAA

1,037. 2,084. Schedule **C** (Form 990 or 990-EZ) 2009

# Schedule C (Form 990 or 990-EZ) 2009 Tennessee Environmental Council 62-0951294 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

` ` ' '	(a	a)	(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,			
through the use of:			
<ul><li>a Volunteers?</li><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li></ul>	_		
c Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			_
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501		, or s	ection 501(c)(6).
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	(c)(3) 3 is a	, or s nswe	ered 'Yes.'
, т			
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
<b>b</b> Carryover from last year		2b	
<b>c</b> Total		2c	_
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	al	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and	Part II	-B, lin	e 1i.
Also, complete this part for any additional information.			

Schedule <b>C</b> (I	Form 990 or 990-EZ) 2009 Tennessee Environmental Council	62-0951294	Page 4
Part IV	Supplemental Information (continued)		
		<b></b>	

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Ter	nessee Environmental Council		62-0951294
Par	Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar Funds Form 990. Part IV. line 6.	nds or Accounts Complete if
1 2 3 4	Total number at end of year	(a) Donor advised funds	
5 6	Did the organization inform all donors and donor funds are the organization's property, subject to Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benefits.	o the organization's exclusive legal control? s, and donor advisors in writing that grant funds le benefit of the donor or donor advisor or for a it??	Yes No s may be ny other Yes No
Par	t II   Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., re Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization last day of the tax year.	creation or pleasure) Preservation of Preservation of	of an historically important land area of certified historic structure he form of a conservation easement on the
			Held at the End of the Year
k c	Total number of conservation easements Total acreage restricted by conservation easem Number of conservation easements on a certific Number of conservation easements included in Number of conservation easements modified, to	nentsed historic structure included in (a)	2b 2c 2d
	year ►		
4	Number of states where property subject to cor		_
5 6 7	Does the organization have a written policy reg and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring during the year ►  Amount of expenses incurred in monitoring, insuring the year ►	it holds?	nents Yes No
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requirements of sect	tion Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Par	Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
	If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statement of the organization elected, as permitted under	c exhibition, education, or research in furtheran ts that describes these items.	ce of public service, provide, in Part XIV,
_	treasures, or other similar assets held for public amounts relating to these items:	c exhibition, education, or research in furtheran	ce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII, I		
_	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art amounts required to be reported under SFAS 1	16 relating to these items:	
	Revenues included in Form 990, Part VIII, line	I	
r	Assets included in Form 990 Part X		►Ś

Part III Organizations Mainta	ining Collec	tions of Art,	Historica	l Treasures, or	Other Similar A	issets (c	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	on accession ar	nd other records	s, check any	of the following tha	t are a significant u	se of its co	llection	
a Public exhibition		d	Loan or ex	change programs				
<b>b</b> Scholarly research		e	Other					
c Preservation for future generation								
<b>4</b> Provide a description of the organ Part XIV.								
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or recather than to be	ceive donations maintained as	of art, histopart of the	orical treasures, or o organization's collec	ther similar tion?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo				nization answere	ed 'Yes' to Form	1 990, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?					assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the fo	ollowing tab	le:		Amaun	<u> </u>	
c Beginning balance					1c	Amoun	ι	
<b>d</b> Additions during the year					-			
e Distributions during the year					-			
f Ending balance								
<b>2a</b> Did the organization include an a						Yes		No
<b>b</b> If 'Yes,' explain the arrangement						Ш	L	
Part V Endowment Funds Co		anization ar	swered '	es' to Form 990	), Part IV, line	10.		
	(a) Current ye	ar <b>(b)</b> F	Prior year	(c) Two years back	(d) Three years ba	ack (e)	Four year	s back
1 a Beginning of year balance								
<b>b</b> Contributions								
c Net Investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>g</b> End of year balance								
2 Provide the estimated percentage	e of the year end	d balance held a	as:					
a Board designated or quasi-endow	ment 🕨	8						
<b>b</b> Permanent endowment ►								
c Term endowment ►	<b>%</b>							
<b>3a</b> Are there endowment funds not in organization by:	n the possession	n of the organiz	ation that a	re held and administ	ered for the	[	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations								
<b>b</b> If 'Yes' to 3a(ii), are the related o								
4 Describe in Part XIV the intended	-	•						
Part VI Investments-Land, B					line 10.			
Description of investment	(6	a) Cost or other (investment		) Cost or other basis (other)	(c) Accumulated Depreciation	(d)	Book Va	alue
<b>1 a</b> Land	-							
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment				49,714.	25,863	3.	23,	<u>,851.</u>
e Other	•							
Total. Add lines 1a through 1e (Column	n (d) must equa	Form 990, Par	t X, column	(B), line 10(c).)		<u> </u>	23,	,851.

**BAA** Schedule **D** (Form 990) 2009

Schedule b (1 0111 990) 2009 Tellifessee Elivitor	mencar councir		931294 Fage 3
Part VII Investments—Other Securities See F			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	luation
•		Cost of end-of-year fi	iarket value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			
Part VIII Investments-Program Related (See	Form 990, Part X, Ii	ine 13)	
(a) Description of investment type	(b) Book value	(c) Method of va	luation
(a) 2 seemplest of investment type	(2) 20011 14140	Cost or end-of-year m	narket value
-			
-			
-			
T-1-1 (0-1 (1-1			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ► Part IX Other Assets (See Form 990, Part X,	lino 15)		
	•		(In) Dead control
(a) D	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B), li	ne 15)		•
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes	, ,	<del></del>	
Payroll Liabilities	13	55.	
Due to Earth Day	43,28		
Renasant Bank LOC	3,15		
TOTAL DATE DOOR	3,13	<u> </u>	
		_	
Total. (Column (h) must equal Form 990. Part X. col. (B) line 25)	46.56	55.	

2. FIN 48 Footnote. In Part XIV, 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.

Pai	rt XI	Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements		
1	Total	revenue (Form 990, Part VIII,column (A), line 12)			
2	Total	expenses (Form 990, Part IX, column (A), line 25)			
3	Exce	ss or (deficit) for the year. Subtract line 2 from line 1			
4	Net u	ınrealized gains (losses) on investments			
5	Dona	ted services and use of facilities			
6	Inves	stment expenses		[	
7	Prior	period adjustments			
8	Othe	r (Describe in Part XIV)			
9	Total	adjustments (net). Add lines 4 through 8			
10	Exce	ss or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9		
Pai	rt XII	Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn	
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:			
ā	a Net ι	ınrealized gains on investments			
ŀ	<b>D</b> ona	ted services and use of facilities	2 b		
(	Reco	veries of prior year grants	2 c		
(	d Othe	r (Describe in Part XIV)	2 d		
•	e Add	lines 2a through 2d		2 e	
3	Subti	ract line <b>2e</b> from line <b>1</b>	<u>.</u>	3	
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:			
á	a Inves	stments expenses not included on Form 990, Part VIII, line 7b	4a		
ŀ	Othe	r (Describe in Part XIV)	4 b		
(	Add	lines <b>4a</b> and <b>4b</b>		4 c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	rt XIII	Reconciliation of Expenses per Audited Financial Statement	nts With Expenses per	Retu	rn
1	Total	expenses and losses per audited financial statements		1	
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:			
ā	<b>a</b> Dona	Ited services and use of facilities	2 a		
ŀ	<b>P</b> rior	year adjustments	2 b		
(	Othe	r losses	2 c		
(	d Othe	r (Describe in Part XIV)	2 d		
•	<b>A</b> dd	lines 2a through 2d		2e	
3	Subti	ract line <b>2e</b> from line <b>1</b>	,	3	
4	Amo	unts included on Form 990, Part IX, line 25, but not on line 1:			
ā	a Inves	stments expenses not included on Form 990, Part VIII, line 7b	4a		
ŀ	Othe	r (Describe in Part XIV)	4 b		
(	: Add	lines <b>4a</b> and <b>4b</b>		4 c	
5	Total	expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5	
Pai	rt XIV	Supplemental Information			
line 4	plete 1 4; Par matior	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 1.	d 4b. Also complete this part t	o prov	vide any additional
					· ·

Schedule <b>D</b>	(Form 990) 2009	Tennessee	Environmental	Council	62-0951294	Page <b>5</b>
Part XIV	Supplemental	Information	Environmental (continued)			
1 41 ( ) (1 )	топрополисти.	oao	(communa)			
		- – – – – – -				
		- – – – – – -				
	<b>_</b>	<b>_</b>	<b>_</b>		<b>-</b>	

## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization						Employer identifica	ation number			
Tennessee Environmental Council							62-0951294			
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  Form 990EZ filers are not required to complete this part.										
1 Indicate whether the organization r	•			wing activities. Check al	II that ap	ply.				
Mail solicitations		0		Solicitation of non-						
Internet and email solicitations  Solicitation of governme						•				
Phone solicitations				Special fundraising		9				
In-person solicitations					Ovorito					
2a Did the organization have written o employees listed in Form 990, Part	r oral agreemer VII) or entity in	nt with any	/ individual	l (including officers, dire	ectors, tr ervices?	rustees or key	Yes No			
<b>b</b> If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti	ties (fundr	•	-			er is to be			
					( <b>v)</b> Ai	mount paid to				
(i) Name of individual			fundraiser	(iv) Gross receipts	(or	retained by)	(vi) Amount paid to			
or entity (fundraiser)		have custody or control of contributions?		from activity	Turiar	aiser listed in col.(i)	(or retained by) organization			
		Yes	No			(-)	J			
		103	110							
		-								
Total			•							
<b>Total 3</b> List all states in which the organiza	ation is registere	ed or licen	sed to soli	cit funds or has been no	tified it	is exempt from	registration			
or licensing.							3			
		<b></b>					. <b></b>			
				·						

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other Events (d) Total Events (Add col. (a) through col. (c)) NONE Green Tie Affair Community Shares REVENUE (total number) (event type) (event type) 1 Gross receipts ..... 41,142. 7,624. 48,766. 2 Less: Charitable contributions ..... 3 Gross income (line 1 minus line 2) 41,142. 7,624 48,766. Noncash prizes ... DIRECT 1,000 6 Rent/facility costs ..... 1,000. **7** Food and beverages ..... 2,294. 2,294. EXPENSES 250. 250. Entertainment . . . . . . . . . Other direct expenses ..... 6,608. 6,608. 10 Direct expense summary. Add lines 4- through 9 in column (d) ...... 10,152. Net income summary. Combine lines 3, column (d) and line 10 38,614. Part III 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. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE bingo/progressive bingo (Add col. **(a)** through col. **(c)**) Gross revenue D X P E N C T S 2 Cash prizes ...... 3 Non-cash prizes ...... 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 용 No No No 8 Net gaming income summary. Combine lines 1, column (d) and line 7 YES NO 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? ..... 9a **b** If 'No,' explain: 10a 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ...... **b** If 'Yes,' explain: 11 Does the organization operate gaming activities with nonmembers? ..... 11 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?

Schedule <b>G</b> (Form 990 or 990-EZ) 2009 <b>Tennessee</b>	Environmental Council	62-0951294	F	Page 3
			YES	NO
13 Indicate the percentage of gaming activity operated	in:			
a The organization's facility		13a %		
<b>b</b> An outside facility		<mark> 13b</mark> 용		
14 Enter the name and address of the person who prep	pares the organization's gaming/special eve	nts books and records:		
Name: <b>-</b>				
Address: •				
15a Does the organization have a contact with a third pa			5a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue receive		and the amount		
of gaming revenue retained by the third party \$	·			
<b>c</b> If 'Yes,' enter name and address of the third party:				
Name: <b>-</b>				
0.11				
Address: •				
16 Coming manager information				
16 Gaming manager information				
Namo: ►				
Name: •				
Gaming manager compensation ► \$				
daming manager compensation • • • •				
Description of services provided: ►				
Bosonphon of soffices provided.				
Director/officer Employee	Independent contractor			
17 Mandatory distributions				
<b>a</b> Is the organization required under state law to make	s charitable distributions from the gaming pr	records to retain the		
state gaming license?	una manta di suributions mom the gaming pr		7 a	
<b>b</b> Enter the amount of distributions required under sta				
organization's own exempt activities during the tax y	year: ► \$			
BAA	TEEA3703 02/05/10	Schedule <b>G</b> (Form 990 or	r 990-EZ	2009

## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

	62-0951294
Pt VI-B, Line 11A The Chairman of the Boardwill review Form 990 w	<u>ith the</u>
Executive Director.	
Pt_VI-C, Line 19 The organization's Form 990 is available on Giv	ing
Matters.com and is available upon request. Fi	nancial
Statements and governing documentsare availab	le to
the public upon request.	
Pt VI-B, Line 12c To ensure the Organization adheres to it's conf	lict of
interest policies, periodic reviews are condu	cted. The
conflict of interest policy includes measures	<u>to be</u>
taken if a violation to the policy arises.	

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

2009

OMB No. 1545-0172

Attachment Sequence No. **67** Identifying number

Name(s) shown on return Tennessee Environmental Council

► See separate instructions.

62-0951294 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Part I Maximum amount. See the instructions for a higher limit for certain businesses ..... 1 \$250,000. 1 2 \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) ...... 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions ..... 6 (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 ...... 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 ......... 8 9 10 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . . . . . . . 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) ..... 14 15 Property subject to section 168(f)(1) election ..... 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 ...... 2,199. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (a) (b) Month and (e) (f) Method (g) Depreciation Classification of property year placed in service Recovery period Convention deduction only - see instructions) 19 a 3-year property ...... **b** 5-year property . . . . **c** 7-year property d 10-year property **e** 15-year property f 20-year property ... S/L 25 yrs g 25-year property. 27.5 yrs h Residential rental MM S/L 27.5 yrs MM S/L i Nonresidential real S/L 39 yrs MM MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life . . S/L **b** 12-year . 12 yrs S/L **c** 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 ..... Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . . .

For assets shown above and placed in service during the current year, enter

2,199.

22

44 Total. Add amounts in column (f). See the instructions for where to report .

Form **4562** (2009) **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

	columns	(a) through (c)	of Section A,	all of Šec	tion B, a	and Sec	tiŏn C ii	f app	licabl	e. Č	,		,			
		n A — Deprecia			•	-		-					•		_	
24 a	Do you have eviden	ce to support the bu	usiness/investmen	t use claime	ed?		Yes		No 2		es,' is the	evidence	e written?	1	Yes	No
(a) Type of property (list vehicles first)  (b) Date placed in service  Business/ investment use percentage			Cost or other basis (business/investment use only)			(f) (g) Recovery period Method/ Convention			(h) Depreciation deduction		EI sect	(i) Elected section 179 cost				
25					sted property placed in service during the tax year and se (see instructions)											
26																
27	27 Property used 50% or less in a qualified business use:															
	Froperty used :	00 % OF TESS III a	qualified busin	iess use.												
28	Add amounts in	l column (h) lin	l I I	27 Enter	hore ar	l d on lin	ω 21 n	ana 1	<u> </u>			. 28				
	Add amounts in		-					-						29		
	Add diffodition	1 column (1), iii k	2 20. Enter ner	Section										25	ı	
	plete this section			roprietor	partner	, or othe	er 'more	thar	1 5%	owner,'						cles
to yo	our employees, fi	irst answer the	questions in Se	ection C t	o see if	you mee	et an ex	cepti	on to	comple	eting thi	s section	on for th	ose vehi	cles.	
30	Total husiness/	investment mile	s driven	1	(a)		(b)		(c)		(d)		(e)		<b>(f)</b>	
	Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)			Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6		
31	Total commuting m	niles driven during t	he year													
32	Total other pers	sonal (noncomn														
33	Total miles driv	ven during the yeh														
	iiiles 30 tillougi	11 32		Yes	No	Yes	No	Ye	96	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle	e available for p			110	103	110		,5	110	103	110	103	110	103	110
35	Was the vehicle		by a more													
36	Is another vehic	cle available for														
	personal use:	Section	C – Question:	•	lovers \	Nho Pro	wide Ve	hicle	oc for	· IIca h	, Their I	Employ	/eec			<u> </u>
Ansv	ver these questic	ons to determine	e if you meet a		-					-				o are not	t more t	han
37	Do you maintain									cluding	commu	ıting,			Yes	No
38	by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
39				-												
40	<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the															
vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)																
D	Note: If your ar		<i>39, 40, or 41</i>	is 'Yes,' d	do not co	mplete	Section	B fo	r the	covere	d vehicl	es.				
Par	t VI   Amort	ization									n.	1				
	(a) Description of costs			<b>(b)</b> Date amortization begins		<b>(c)</b> Amortizable amount			(d) Code section		de	<b>(e)</b> Amortization period or percentage			<b>(f)</b> Amortization for this year	
42	Amortization of	costs that begi	ns during your	2009 tax	year (se	ee instru	uctions)	:				1		I		
																_
43	Amortization o	f costs that beg	an before your	2009 tax	year								43			

44

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: Description: Education and Outreach: Provided educational resources by Expenses \_\_\_\_\_\_78,279. conducting tree planting, stream restoration, and Grants Of 0. stabilization events. TEC regularly provides
Revenue 13,442. educational tools and resources via its electronic newsletter and website.