

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20 _____

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax
TENNESSEE RIVER GORGE TRUST
TENNESSEE RIVER GORGE TRUST

Taxpayer identification number
62-1278612

Name and title of officer or person subject to tax
RICHARD HUFFINES
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,101,193</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **THE WALLS GROUP** to enter my PIN **78612** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } _____ Date } **10/01/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62444938370
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____ Date } **10/01/21**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , and ending

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization TENNESSEE RIVER GORGE TRUST, Doing business as TENNESSEE RIVER GORGE TRUST, Number and street (or P.O. box if mail is not delivered to street address) 1214 DARTMOUTH ST, Room/suite, City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA TN 37405

D Employer identification number 62-1278612, E Telephone number, G Gross receipts \$ 3,076,996

F Name and address of principal officer: RICHARD HUFFINES

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, If "No," attach a list. See instructions

I Tax-exempt status: X 501(c)(3), 501(c) () t (insert no.), 4947(a)(1) or 527

J Website: WWW.TRGT.ORG, H(c) Group exemption number u

K Form of organization: X Corporation, Trust, Association, Other u

L Year of formation: 1986, M State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CONSERVATION AND EDUCATION, 2 Check this box u 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) 11, 4 Number of independent voting members of the governing body (Part VI, line 1b) 11, 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 8, 6 Total number of volunteers (estimate if necessary) 50, 7a Total unrelated business revenue from Part VIII, column (C), line 12 0, 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer RICHARD HUFFINES, EXECUTIVE DIRECTOR, Date

Paid Preparer Use Only: Print/Type preparer's name MELLANEE WALLS, Preparer's signature, Date 10/07/21, Check self-employed, PTIN P01259335, Firm's name THE WALLS GROUP, Firm's EIN 20-8167878, Firm's address 401 CHESTNUT ST STE 200 CHATTANOOGA, TN 37402, Phone no. 423-664-1004

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO PRESERVE THE TENNESSEE RIVER GORGE AS A HEALTHY AND PRODUCTIVE RESOURCE FOR OUR COMMUNITY THROUGH LAND PROTECTION, EDUCATION, COMMUNITY ENGAGEMENT, AND GOOD LAND STEWARDSHIP PRACTICES.

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 \$ **586,635** including grants of \$) (Revenue \$)

TO PRESERVE A HEALTHY TENNESSEE RIVER GORGE AS A COMMUNITY TREASURE FOR GENERATIONS.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 586,635**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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 98-19? If "Yes," complete Schedule C, Part III		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		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	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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	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		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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 11e? If "Yes," complete Schedule G, Part I See instructions		X
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	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	2a	8
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
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?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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 members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	11	
b	Enter the number of voting members included on line 1a, above, who are independent	11	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **u**

TENNESSEE RIVER GORGE TRUST 1214 DARTMOUTH ST
CHATTANOOGA

TN 37405

423-266-0314

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY ALLEN	3.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) ANNETTE ALLEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) BRENDA BRICKHOUSE	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(4) VAN BUNCH	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) ANNE HOLT	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) HENRY LODGE	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) VIVIAN LOZANO	1.00									
SECRETARY	0.00	X		X			0	0	0	
(8) FRED ROBINSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) MATT SEARS	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) SCOTT SMITH	1.00									
TREASURER	0.00	X		X			0	0	0	
(11) JIMMY SNEED	1.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u**

0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	43,000				
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	233,507				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	286,507				
	Program Service Revenue	2a ROYALTIES - QUARRY	Business Code	541900	286,050	286,050	
b CARBON OFFSET			531310	241,933	241,933		
c POT HOUSE & MISC RENT			532000	40,758	40,758		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	568,741				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	119,555	119,555		
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities		1,284,206	695,000		
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b	1,280,803	695,000			
	c Gain or (loss)	7c	3,403				
	d Net gain or (loss)	u	3,403	3,403			
8a Gross income from fundraising events (not including \$ 43,000 of contributions reported on line 1c). See Part IV, line 18							
	8a	21,527					
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events	u	21,527					
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a PPP FUNDS	Business Code	100,300	100,300			
	b OTHER INCOME		900099	1,160	1,160		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	101,460				
12 Total revenue. See instructions	u	1,101,193	793,159	0	0		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,253	84,437	24,474	7,342
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	249,505	175,251	55,993	18,261
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,875	11,007	2,975	893
9 Other employee benefits	23,303	16,099	5,424	1,780
10 Payroll taxes	28,880	20,504	6,354	2,022
11 Fees for services (nonemployees):				
a Management	30,741	30,741		
b Legal	16,539	16,539		
c Accounting	20,010		20,010	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	36,611	36,611		
12 Advertising and promotion	13,810			13,810
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	39,907	32,853	4,233	2,821
17 Travel	3,701	3,701		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	947		947	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,083	35,083		
23 Insurance	31,979	26,862	5,117	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROPERTY TAXES	63,349	63,349		
b SUPPLIES & EQUIPMENT	19,922	17,928	1,196	798
c IN-KIND EXPENSES	17,967	1,917		16,050
d SPECIAL EVENTS	13,985			13,985
e All other expenses	16,071	13,753	2,078	240
25 Total functional expenses. Add lines 1 through 24e	793,438	586,635	128,801	78,002
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	156,704	1	111,961
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	11,400	3	11,000
	4 Accounts receivable, net	168,931	4	165,156
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,801,898	8	7,151,180
	9 Prepaid expenses and deferred charges		9	2,666
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,549,275		
	b Less: accumulated depreciation	10b 614,988	10,532,196	10c 9,934,287
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		16,671,129	16	17,376,250
Liabilities	17 Accounts payable and accrued expenses	84,795	17	112,678
	18 Grants payable		18	
	19 Deferred revenue	1,000	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	412,682	25	
	26 Total liabilities. Add lines 17 through 25	498,477	26	112,678
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,164,135	27	17,248,290
	28 Net assets with donor restrictions	8,517	28	15,282
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	16,172,652	32	17,263,572	
33 Total liabilities and net assets/fund balances	16,671,129	33	17,376,250	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,101,193
2	Total expenses (must equal Part IX, column (A), line 25)	2	793,438
3	Revenue less expenses. Subtract line 2 from line 1	3	307,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,172,652
5	Net unrealized gains (losses) on investments	5	816,883
6	Donated services and use of facilities	6	17,967
7	Investment expenses	7	-51,672
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-13
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,263,572

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization TENNESSEE RIVER GORGE TRUST TENNESSEE RIVER GORGE TRUST	Employer identification number 62-1278612
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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 12, 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2020. 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—2019. 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—2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 73.02%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 69.51%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 8%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 7%.

- 19a 33 1/3% support tests—2020. 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 [X].
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [].
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [].

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME **\$ 10,255**

SUPPLEMENTAL INFORMATION

MISCELLANEOUS INCOME

2016 AMOUNT: \$3,250

2017 AMOUNT: \$ 900

2018 AMOUNT: \$4,590

2019 AMOUNT: \$ 355

2020 AMOUNT: \$1,160

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

TENNESSEE RIVER GORGE TRUST TENNESSEE RIVER GORGE TRUST

Employer identification number

62-1278612

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,247,824	1,034,496	1,105,279	955,056	905,088
b Contributions	40,536	63,858	99,525	45,589	48,050
c Net investment earnings, gains, and losses	222,459	218,328	-75,783	150,223	49,968
d Grants or scholarships					
e Other expenditures for facilities and programs		68,858	94,525	45,589	48,050
f Administrative expenses					
g End of year balance	1,510,819	1,247,824	1,034,496	1,105,279	955,056

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** 100.00 %
 - b Permanent endowment **u** %
 - c Term endowment **u** %
- The percentages on 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:
- | | Yes | No |
|-----------------------------------|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,837,955		9,837,955
b Buildings		495,254	464,891	30,363
c Leasehold improvements		3,550	3,550	
d Equipment		120,665	71,346	49,319
e Other		91,851	75,201	16,650
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	9,934,287

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,884,371
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	816,883	
b	Donated services and use of facilities	2b	17,967	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	834,850
3	Subtract line 2e from line 1		3	1,049,521
4	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	4a	51,672	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	51,672
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,101,193

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	793,438
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	793,438
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	793,438

Part XIII Supplemental Information.

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

PART II, LINE 5 - MONITORING AND ENFORCEMENT POLICY

THE LAND TRUST ALLIANCE STANDARD IS FOLLOWED WHEN DEVELOPING MONITORING AND ENFORCEMENT POLICIES. CLIENT IS REQUIRED/ALLOWED TO VISIT EACH EASEMENT ONE TIME PER YEAR TO ASSESS THE PROPERTY.

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS

EXPENSES TO PURCHASE OR MONITOR CONSERVATION EASEMENTS ARE EXPENSED IN THE YEAR THEY OCCUR. THE TENNESSEE RIVER GORGE TRUST, INC. HAS ACQUIRED EASEMENTS ON 955 ACRES SINCE ITS INCEPTION AT A COST OF \$1,220,286. SOME EASEMENTS HAVE BEEN DONATED.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

Part XIII Supplemental Information (continued)

THE BOARD RESTRICTED ENDOWMENT FUND'S INTENDED USE IS TO PROVIDE INVESTMENT INCOME TO HELP SUPPORT THE CONTINUED OPERATIONS OF THE ORGANIZATION.

PART X - FIN 48 FOOTNOTE

THE ENTITY IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME. THE ENTITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFITS ARE ESTIMATED BASED ON THE CUMULATIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. TAX POSITIONS FOR THE ENTITY INCLUDE, BUT ARE NOT LIMITED TO, THE TAX-EXEMPT STATUS AND DETERMINATION OF WHETHER INCOME IS SUBJECT TO THE UNRELATED BUSINESS INCOME TAX; HOWEVER, THE ENTITY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

**TENNESSEE RIVER GORGE TRUST
TENNESSEE RIVER GORGE TRUST**

Employer identification number

62-1278612

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total ▶

3 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.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANOTHER GORGEOU</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	60,072			60,072
	2 Less: Contributions	43,000			43,000
	3 Gross income (line 1 minus line 2)	17,072			17,072
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				17,072

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

- 11 Does the organization conduct 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 conducted in:

a	The organization's facility	13a		%
b	An outside facility	13b		%

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

Name **u**

Address **u**

- 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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 **u** \$

Part IV Supplemental Information. 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 provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for the latest information.

Name of the organization	TENNESSEE RIVER GORGE TRUST TENNESSEE RIVER GORGE TRUST	Employer identification number 62-1278612
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FORM 990 - ADDITIONAL INFORMATION

SCHEDULE D QUASI ENDOWMENT. IN PRIOR YEARS THIS WAS REPORTED AS A PERMANENT ENDOWMENT - AFTER AN EXTENSIVE REVIEW OF THE ENDOWMENT DOCUMENTS IT WAS DETERMINED THIS A QUASI ENDOWMENT CREATED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM AND REVIEWED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS, DISCUSSES, AND APPROVES THE 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS ANNUALLY REVIEW CONFLICT OF INTEREST POLICY FOR COMPLIANCE. POLICIES ARE WRITTEN AND LOCATED IN BOARD MEMBER HANDBOOKS. THEY ARE REFERENCED AND FOLLOWED AS NECESSARY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS TAKES INTO ACCOUNT THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE WHEN DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION. COMPARATIVE DATA WAS USED WHEN THE EXECUTIVE DIRECTOR WAS HIRED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AUDIT REPORT, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S OFFICE. FORM 990, 990-T, AND AUDIT REPORT ARE AVAILABLE ON THE WEBSITE AND

Name of the organization

Employer identification number

TENNESSEE RIVER GORGE TRUST

62-1278612

AT THE ORGANIZATION'S OFFICE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TIMING DIFFERENCES \$ -13

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2020

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **TENNESSEE RIVER GORGE TRUST**
TENNESSEE RIVER GORGE TRUST

Identifying number
62-1278612

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	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	
16	Other depreciation (including ACRS)	16	35,083

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	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	22	35,083
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

TRGT TENNESSEE RIVER GORGE TRUST

62-1278612

Federal Asset Report

FYE: 12/31/2020

Form 1120, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
94	2015 TOYOTA TRUCK	2/09/15	30,225			30,225	5 MO S/L	27,203	3,022
95	2017 TOYOTA TUNDRA	1/04/17	40,500			40,500	5 MO S/L	20,250	8,100
96	2009 TOYOTA TACOMA	7/17/17	14,999			14,999	5 MO S/L	7,500	2,999
97	POT POINT BUILDING	3/18/91	75,000			75,000	25 MO S/L	75,000	0
98	POT POINT IMPROVEMENTS	7/01/92	10,713			10,713	25 MO S/L	10,713	0
99	POT POINT BUILDING IMPROV	6/30/93	261,185			261,185	25 MO S/L	261,185	0
100	POT POINT FURNISHINGS	6/30/93	29,343			29,343	5 MO S/L	29,343	0
101	BULLOCK GARAGE & DRIVE	6/30/94	32,416			32,416	20 MO S/L	32,416	0
102	CARETAKER HOME	6/30/01	46,894			46,894	25 MO S/L	34,702	1,876
103	3 TON GIBSON A/C UNIT	12/01/10	2,700			2,700	5 MO S/L	2,700	0
104	AC UNIT	5/27/11	3,386			3,386	5 MO S/L	3,386	0
105	HEAT PUMP POT HOUSE	11/22/13	2,650			2,650	10 MO S/L	1,723	265
106	BIRD BANDING BUILDING	5/09/14	11,093			11,093	10 MO S/L	6,101	1,109
107	2 PRIMITIVE CABINS	9/30/15	2,960			2,960	10 MO S/L	1,332	296
108	PP - 5 TON HEAT PUMP	6/01/18	5,550			5,550	10 MO S/L	833	555
109	POLE SHED	1/06/18	10,608			10,608	20 MO S/L	796	530
110	ELDER MTN HOME	4/25/19	653,552			653,552	27 MO S/L	0	0
	Sold/Scrapped: 1/21/20								
111	ROLLTOP COMPUTER DESK	1/03/94	3,250			3,250	5 MO S/L	3,250	0
112	PORTABLE DISPLAY	4/27/99	877			877	5 MO S/L	877	0
113	CONFERENCE TABLE	9/30/13	2,000			2,000	5 MO S/L	2,000	0
114	LAND POT POINT	3/18/91	1,448,513			1,448,513	0 -- Land	0	0
115	BUTLER PROPERTY RIVER CIT	1/02/91	672,485			672,485	0 -- Land	0	0
116	14.4 ACRES FROM RITCHIE MA	12/15/88	80,856			80,856	0 -- Land	0	0
117	1078 AC.MARION CO. THE NAT	1/01/90	541,000			541,000	0 -- Land	0	0
118	86 ACRES FROM CASH HAMILT	8/31/88	165,282			165,282	0 -- Land	0	0
119	129.8 ACRES RUTLEDGE MARIO	4/21/88	140,800			140,800	0 -- Land	0	0
120	40 ACRES ALEXANDER HAMIL	12/31/87	45,027			45,027	0 -- Land	0	0
121	300 ACRES GRANT MARION C	12/30/87	120,588			120,588	0 -- Land	0	0
122	BUTLER PROPERTY	12/31/92	20,164			20,164	0 -- Land	0	0
123	JACKSON PROPERTY .75 ACRES	6/03/93	6,000			6,000	0 -- Land	0	0
124	POT POINT DEED	6/04/93	5,574			5,574	0 -- Land	0	0
125	GORDON RITCHIE PROPERTY 20	7/21/93	139,353			139,353	0 -- Land	0	0
126	JAMES CANTRELL 1.6 ACRES	12/03/93	32,955			32,955	0 -- Land	0	0
127	JAMES RITCHIE PROPERTY 20	12/10/93	33,149			33,149	0 -- Land	0	0
128	CARRIGER PROPERTY 534 ACRE	12/10/93	351,279			351,279	0 -- Land	0	0
129	GRANT PROPERTY	4/28/93	92,177			92,177	0 -- Land	0	0
130	MASSENGALE - LOT 36, MULL	1/14/94	52,140			52,140	0 -- Land	0	0
131	SIGNAL MTN. CEMENT	6/30/94	541,117			541,117	0 -- Land	0	0
132	O'DYER PROPERTY 10.68 ACRE	6/02/94	21,979			21,979	0 -- Land	0	0
133	SMITH PROPERTY 272.33 ACRE	3/31/95	506,650			506,650	0 -- Land	0	0
134	TYDINGS/RENFRO 100 ACRES	12/31/96	94,809			94,809	0 -- Land	0	0
135	WINDER/NEWSOME 315 ACRES	9/08/98	332,935			332,935	0 -- Land	0	0
136	MCNABB PROPERTY	9/08/98	7,921			7,921	0 -- Land	0	0
137	LITTLE CEDAR MTN, SOY ACRE	4/23/99	714,000			714,000	0 -- Land	0	0
138	ROBERT BROWN - 267 ACRES	11/01/00	569,571			569,571	0 -- Land	0	0
139	RITCHIE CLEANUP	6/30/01	23,689			23,689	0 -- Land	0	0
140	MCGLOTHLIN LAND - 391 ACRE	1/26/02	693,771			693,771	0 -- Land	0	0
141	27 ACRES MULLINS COVE	12/31/03	32,036			32,036	0 -- Land	0	0
142	MARION BROWN PROPERTY	10/25/10	21,355			21,355	0 -- Land	0	0
143	9 ACRES, BUZZI	2/23/11	90,000			90,000	0 -- Land	0	0
144	SCHAERER PROPERTY 145 ACR	11/01/12	220,000			220,000	0 -- Land	0	0
145	MULLINS COVE ROAD	12/19/14	81,003			81,003	0 -- Land	0	0
146	30 ACRES MARION CO. 3RD DIS	12/30/14	350,000			350,000	0 -- Land	0	0
147	3" - 2159 CASH CANYON	10/01/15	17,878			17,878	0 -- Land	0	0
148	.8" - RIVER - CASH CANYON	8/17/15	46,003			46,003	0 -- Land	0	0
149	59 ACRES - 4374 MULLINS COV	10/03/16	143,768			143,768	0 -- Land	0	0
150	5/12 INTEREST 7.8 ACRES - CAS	2/10/17	95,110			95,110	0 -- Land	0	0
151	60.7 ACRES HWY 41N JASPER - M	11/30/18	384,518			384,518	0 -- Land	0	0
152	8 ACRES - 1771 CASH CANYON	6/29/18	81,787			81,787	0 -- Land	0	0
153	87 ACRES HWY 41 - MACLELLA	9/13/18	70,596			70,596	0 -- Land	0	0
154	30.3 ACRES - SHERRILL PROPE	10/31/19	116,439			116,439	0 -- Land	0	0
155	100 ACRES HWY 41 - MASSENG	2/28/19	304,798			304,798	0 -- Land	0	0
156	40 ACRES HWY 41 - WORLEY	12/12/19	115,039			115,039	0 -- Land	0	0
157	28.2 ACRES - MULLINS CARRO	9/16/19	123,870			123,870	0 -- Land	0	0
158	WALLS AND DOORS	9/16/13	2,950			2,950	5 MO S/L	2,950	0
159	COUNTERTOPS	8/31/13	600			600	5 MO S/L	600	0
160	GATES	7/01/92	1,680			1,680	7 MO S/L	1,680	0

TRGT TENNESSEE RIVER GORGE TRUST

62-1278612

Federal Asset Report

FYE: 12/31/2020

Form 1120, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
161	2001 KAWASAKI MULE	12/31/08	3,999			3,999	5 MO S/L	3,999	0
162	SHIPPING CONTAINER	6/08/09	1,785			1,785	5 MO S/L	1,785	0
163	TRIMBLE YUMA 2 UNIT	2/19/14	5,334			5,334	5 MO S/L	5,334	0
164	RTV	4/28/14	10,759			10,759	7 MO S/L	8,454	1,537
165	BOAT & TRAILER	2/24/15	11,448			11,448	7 MO S/L	7,359	1,636
166	BINOCULARS	8/24/15	1,124			1,124	7 MO S/L	723	160
167	2017 TRACTOR	1/04/17	20,000			20,000	7 MO S/L	7,143	2,857
168	BUSHHOG	5/31/17	3,100			3,100	7 MO S/L	1,107	443
169	TRAILER	2/07/17	5,000			5,000	7 MO S/L	1,786	714
170	PONTOON BOAT	3/13/17	37,550			37,550	7 MO S/L	13,411	5,364
171	ROOT GRAPPLE	5/21/18	3,300			3,300	7 MO S/L	707	472
172	DRONE	9/30/19	2,096			2,096	5 MO S/L	210	419
173	APPLE MAC BOOK PRO	10/18/19	1,404			1,404	5 MO S/L	140	281
174	SUZUKI OUTBOARD	4/26/19	3,500			3,500	5 MO S/L	350	700
175	MURCURY OUTBOARD	10/24/19	8,586			8,586	5 MO S/L	859	1,717
176	Marion Co Parcel 129 010.00 Survey	3/26/20	22,959			22,959	0 -- Land	0	0
177	2832 Cash Canyon Road - Massengale Prop	7/14/20	67,014			67,014	0 -- Land	0	0
178	Concrete for Pole Shed	2/19/20	756			756	20 MO S/L	0	31
	Total Other Depreciation		<u>11,202,829</u>			<u>11,202,829</u>		<u>579,907</u>	<u>35,083</u>
	Total ACRS and Other Depreciation		<u>11,202,829</u>			<u>11,202,829</u>		<u>579,907</u>	<u>35,083</u>
	Grand Totals		11,202,829			11,202,829		579,907	35,083
	Less: Dispositions and Transfers		653,552			653,552		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>10,549,277</u>			<u>10,549,277</u>		<u>579,907</u>	<u>35,083</u>

TRGT TENNESSEE RIVER GORGE TRUST

62-1278612

AMT Asset Report

FYE: 12/31/2020

Form 1120, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current	
Other Depreciation:												
94	2015 TOYOTA TRUCK	2/09/15	0					0	0	HY	0	0
95	2017 TOYOTA TUNDRA	1/04/17	0					0	0	HY	0	0
96	2009 TOYOTA TACOMA	7/17/17	0					0	0	HY	0	0
97	POT POINT BUILDING	3/18/91	0					0	0	HY	0	0
98	POT POINT IMPROVEMENTS	7/01/92	0					0	0	HY	0	0
99	POT POINT BUILDING IMPROV	6/30/93	0					0	0	HY	0	0
100	POT POINT FURNISHINGS	6/30/93	0					0	0	HY	0	0
101	BULLOCK GARAGE & DRIVE	6/30/94	0					0	0	HY	0	0
102	CARETAKER HOME	6/30/01	0					0	0	HY	0	0
103	3 TON GIBSON A/C UNIT	12/01/10	0					0	0	HY	0	0
104	AC UNIT	5/27/11	0					0	0	HY	0	0
105	HEAT PUMP POT HOUSE	11/22/13	0					0	0	HY	0	0
106	BIRD BANDING BUILDING	5/09/14	0					0	0	HY	0	0
107	2 PRIMITIVE CABINS	9/30/15	0					0	0	HY	0	0
108	PP - 5 TON HEAT PUMP	6/01/18	0					0	0	HY	0	0
109	POLE SHED	1/06/18	0					0	0	HY	0	0
110	ELDER MTN HOME	4/25/19	0					0	0	HY	0	0
	Sold/Scrapped: 1/21/20											
111	ROLLTOP COMPUTER DESK	1/03/94	0					0	0	HY	0	0
112	PORTABLE DISPLAY	4/27/99	0					0	0	HY	0	0
113	CONFERENCE TABLE	9/30/13	0					0	0	HY	0	0
114	LAND POT POINT	3/18/91	0					0	0	HY	0	0
115	BUTLER PROPERTY RIVER CIT	1/02/91	0					0	0	HY	0	0
116	14.4 ACRES FROM RITCHIE MA	12/15/88	0					0	0	HY	0	0
117	1078 AC.MARION CO. THE NAT	1/01/90	0					0	0	HY	0	0
118	86 ACRES FROM CASH HAMILT	8/31/88	0					0	0	HY	0	0
119	129.8 ACRES RUTLEDGE MARIO	4/21/88	0					0	0	HY	0	0
120	40 ACRES ALEXANDER HAMIL	12/31/87	0					0	0	HY	0	0
121	300 ACRES GRANT MARION C	12/30/87	0					0	0	HY	0	0
122	BUTLER PROPERTY	12/31/92	0					0	0	HY	0	0
123	JACKSON PROPERTY .75 ACRES	6/03/93	0					0	0	HY	0	0
124	POT POINT DEED	6/04/93	0					0	0	HY	0	0
125	GORDON RITCHIE PROPERTY 20	7/21/93	0					0	0	HY	0	0
126	JAMES CANTRELL 1.6 ACRES	12/03/93	0					0	0	HY	0	0
127	JAMES RITCHIE PROPERTY 20	12/10/93	0					0	0	HY	0	0
128	CARRIGER PROPERTY 534 ACRE	12/10/93	0					0	0	HY	0	0
129	GRANT PROPERTY	4/28/93	0					0	0	HY	0	0
130	MASSENGALE - LOT 36, MULL	1/14/94	0					0	0	HY	0	0
131	SIGNAL MTN. CEMENT	6/30/94	0					0	0	HY	0	0
132	O'DYER PROPERTY 10.68 ACRE	6/02/94	0					0	0	HY	0	0
133	SMITH PROPERTY 272.33 ACRE	3/31/95	0					0	0	HY	0	0
134	TYDINGS/RENFRO 100 ACRES	12/31/96	0					0	0	HY	0	0
135	WINDER/NEWSOME 315 ACRES	9/08/98	0					0	0	HY	0	0
136	MCNABB PROPERTY	9/08/98	0					0	0	HY	0	0
137	LITTLE CEDAR MTN, SOY ACRE	4/23/99	0					0	0	HY	0	0
138	ROBERT BROWN - 267 ACRES	11/01/00	0					0	0	HY	0	0
139	RITCHIE CLEANUP	6/30/01	0					0	0	HY	0	0
140	MCGLOTHLIN LAND - 391 ACRE	1/26/02	0					0	0	HY	0	0
141	27 ACRES MULLINS COVE	12/31/03	0					0	0	HY	0	0
142	MARION BROWN PROPERTY	10/25/10	0					0	0	HY	0	0
143	9 ACRES, BUZZI	2/23/11	0					0	0	HY	0	0
144	SCHAERER PROPERTY 145 ACR	11/01/12	0					0	0	HY	0	0
145	MULLINS COVE ROAD	12/19/14	0					0	0	HY	0	0
146	30 ACRES MARION CO. 3RD DIS	12/30/14	0					0	0	HY	0	0
147	3" - 2159 CASH CANYON	10/01/15	0					0	0	HY	0	0
148	.8" - RIVER - CASH CANYON	8/17/15	0					0	0	HY	0	0
149	59 ACRES - 4374 MULLINS COV	10/03/16	0					0	0	HY	0	0
150	5/12 INTEREST 7.8 ACRES - CAS	2/10/17	0					0	0	HY	0	0
151	60.7 ACRES HWY 41N JASPER - M	11/30/18	0					0	0	HY	0	0
152	8 ACRES - 1771 CASH CANYON	6/29/18	0					0	0	HY	0	0
153	87 ACRES HWY 41 - MACLELLA	9/13/18	0					0	0	HY	0	0
154	30.3 ACRES - SHERRILL PROPE	10/31/19	0					0	0	HY	0	0
155	100 ACRES HWY 41 - MASSENG	2/28/19	0					0	0	HY	0	0
156	40 ACRES HWY 41 - WORLEY	12/12/19	0					0	0	HY	0	0
157	28.2 ACRES - MULLINS CARRO	9/16/19	0					0	0	HY	0	0
158	WALLS AND DOORS	9/16/13	0					0	0	HY	0	0
159	COUNTERTOPS	8/31/13	0					0	0	HY	0	0
160	GATES	7/01/92	0					0	0	HY	0	0

TRGT TENNESSEE RIVER GORGE TRUST

62-1278612

AMT Asset Report

FYE: 12/31/2020

Form 1120, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
161	2001 KAWASAKI MULE	12/31/08	0			0	0 HY	0	0
162	SHIPPING CONTAINER	6/08/09	0			0	0 HY	0	0
163	TRIMBLE YUMA 2 UNIT	2/19/14	0			0	0 HY	0	0
164	RTV	4/28/14	0			0	0 HY	0	0
165	BOAT & TRAILER	2/24/15	0			0	0 HY	0	0
166	BINOCULARS	8/24/15	0			0	0 HY	0	0
167	2017 TRACTOR	1/04/17	0			0	0 HY	0	0
168	BUSHHOG	5/31/17	0			0	0 HY	0	0
169	TRAILER	2/07/17	0			0	0 HY	0	0
170	PONTOON BOAT	3/13/17	0			0	0 HY	0	0
171	ROOT GRAPPLE	5/21/18	0			0	0 HY	0	0
172	DRONE	9/30/19	0			0	0 HY	0	0
173	APPLE MAC BOOK PRO	10/18/19	0			0	0 HY	0	0
174	SUZUKI OUTBOARD	4/26/19	0			0	0 HY	0	0
175	MURCURY OUTBOARD	10/24/19	0			0	0 HY	0	0
176	Marion Co Parcel 129 010.00 Survey	3/26/20	0			0	0 HY	0	0
177	2832 Cash Canyon Road - Massengale Prop	7/14/20	0			0	0 HY	0	0
178	Concrete for Pole Shed	2/19/20	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

TRGT TENNESSEE RIVER GORGE TRUST

62-1278612

FYE: 12/31/2020

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
94	2015 TOYOTA TRUCK	2/09/15	30,225	0	0
95	2017 TOYOTA TUNDRA	1/04/17	40,500	8,100	0
96	2009 TOYOTA TACOMA	7/17/17	14,999	3,000	0
97	POT POINT BUILDING	3/18/91	75,000	0	0
98	POT POINT IMPROVEMENTS	7/01/92	10,713	0	0
99	POT POINT BUILDING IMPROV	6/30/93	261,185	0	0
100	POT POINT FURNISHINGS	6/30/93	29,343	0	0
101	BULLOCK GARAGE & DRIVE	6/30/94	32,416	0	0
102	CARETAKER HOME	6/30/01	46,894	1,875	0
103	3 TON GIBSON A/C UNIT	12/01/10	2,700	0	0
104	AC UNIT	5/27/11	3,386	0	0
105	HEAT PUMP POT HOUSE	11/22/13	2,650	265	0
106	BIRD BANDING BUILDING	5/09/14	11,093	1,110	0
107	2 PRIMITIVE CABINS	9/30/15	2,960	296	0
108	PP - 5 TON HEAT PUMP	6/01/18	5,550	555	0
109	POLE SHED	1/06/18	10,608	530	0
111	ROLLTOP COMPUTER DESK	1/03/94	3,250	0	0
112	PORTABLE DISPLAY	4/27/99	877	0	0
113	CONFERENCE TABLE	9/30/13	2,000	0	0
114	LAND POT POINT	3/18/91	1,448,513	0	0
115	BUTLER PROPERTY RIVER CIT	1/02/91	672,485	0	0
116	14.4 ACRES FROM RITCHIE MA	12/15/88	80,856	0	0
117	1078 AC.MARION CO. THE NAT	1/01/90	541,000	0	0
118	86 ACRES FROM CASH HAMILT	8/31/88	165,282	0	0
119	129.8 ACRES RUTLEDGE MARIO	4/21/88	140,800	0	0
120	40 ACRES ALEXANDER HAMIL	12/31/87	45,027	0	0
121	300 ACRES GRANT MARION C	12/30/87	120,588	0	0
122	BUTLER PROPERTY	12/31/92	20,164	0	0
123	JACKSON PROPERTY .75 ACRES	6/03/93	6,000	0	0
124	POT POINT DEED	6/04/93	5,574	0	0
125	GORDON RITCHIE PROPERTY 20	7/21/93	139,353	0	0
126	JAMES CANTRELL 1.6 ACRES	12/03/93	32,955	0	0
127	JAMES RITCHIE PROPERTY 20	12/10/93	33,149	0	0
128	CARRIGER PROPERTY 534 ACRE	12/10/93	351,279	0	0
129	GRANT PROPERTY	4/28/93	92,177	0	0
130	MASSENGALE - LOT 36, MULL	1/14/94	52,140	0	0
131	SIGNAL MTN. CEMENT	6/30/94	541,117	0	0
132	O'DYER PROPERTY 10.68 ACRE	6/02/94	21,979	0	0
133	SMITH PROPERTY 272.33 ACRE	3/31/95	506,650	0	0
134	TYDINGS/RENFRO 100 ACRES	12/31/96	94,809	0	0
135	WINDER/NEWSOME 315 ACRES	9/08/98	332,935	0	0
136	MCNABB PROPERTY	9/08/98	7,921	0	0
137	LITTLE CEDAR MTN, SOY ACRE	4/23/99	714,000	0	0
138	ROBERT BROWN - 267 ACRES	11/01/00	569,571	0	0
139	RITCHIE CLEANUP	6/30/01	23,689	0	0
140	MCGLOTHLIN LAND - 391 ACRE	1/26/02	693,771	0	0
141	27 ACRES MULLINS COVE	12/31/03	32,036	0	0
142	MARION BROWN PROPERTY	10/25/10	21,355	0	0
143	9 ACRES, BUZZI	2/23/11	90,000	0	0
144	SCHAERER PROPERTY 145 ACR	11/01/12	220,000	0	0
145	MULLINS COVE ROAD	12/19/14	81,003	0	0
146	30 ACRES MARION CO. 3RD DIS	12/30/14	350,000	0	0
147	3" - 2159 CASH CANYON	10/01/15	17,878	0	0
148	.8" - RIVER - CASH CANYON	8/17/15	46,003	0	0
149	59 ACRES - 4374 MULLINS COV	10/03/16	143,768	0	0
150	5/12 INTEREST 7.8 ACRES - CAS	2/10/17	95,110	0	0
151	60.7 ACRES HWY 41N JASPER - M	11/30/18	384,518	0	0
152	8 ACRES - 1771 CASH CANYON	6/29/18	81,787	0	0
153	87 ACRES HWY 41 - MACLELLA	9/13/18	70,596	0	0
154	30.3 ACRES - SHERRILL PROPE	10/31/19	116,439	0	0
155	100 ACRES HWY 41 - MASSENG	2/28/19	304,798	0	0
156	40 ACRES HWY 41 - WORLEY	12/12/19	115,039	0	0
157	28.2 ACRES - MULLINS CARRO	9/16/19	123,870	0	0
158	WALLS AND DOORS	9/16/13	2,950	0	0
159	COUNTERTOPS	8/31/13	600	0	0
160	GATES	7/01/92	1,680	0	0
161	2001 KAWASAKI MULE	12/31/08	3,999	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
162	SHIPPING CONTAINER	6/08/09	1,785	0	0
163	TRIMBLE YUMA 2 UNIT	2/19/14	5,334	0	0
164	RTV	4/28/14	10,759	768	0
165	BOAT & TRAILER	2/24/15	11,448	1,635	0
166	BINOCULARS	8/24/15	1,124	161	0
167	2017 TRACTOR	1/04/17	20,000	2,857	0
168	BUSHHOG	5/31/17	3,100	443	0
169	TRAILER	2/07/17	5,000	714	0
170	PONTOON BOAT	3/13/17	37,550	5,364	0
171	ROOT GRAPPLE	5/21/18	3,300	471	0
172	DRONE	9/30/19	2,096	419	0
173	APPLE MAC BOOK PRO	10/18/19	1,404	281	0
174	SUZUKI OUTBOARD	4/26/19	3,500	700	0
175	MURCURY OUTBOARD	10/24/19	8,586	1,717	0
176	Marion Co Parcel 129 010.00 Survey	3/26/20	22,959	0	0
177	2832 Cash Canyon Road - Massengale Prop	7/14/20	67,014	0	0
178	Concrete for Pole Shed	2/19/20	756	38	0
	Total Other Depreciation		<u>10,549,277</u>	<u>31,299</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,549,277</u>	<u>31,299</u>	<u>0</u>
	Grand Totals		<u>10,549,277</u>	<u>31,299</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2020
Description ANOTHER GORGEOUS EVENING		Taxpayer Identification Number 62-1278612
Name TENNESSEE RIVER GORGE TRUST		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>17,072</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<u>43,000</u>
7. Total revenue. Add lines 1 through 6	7.	<u>60,072</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>60,072</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2020
Name TENNESSEE RIVER GORGE TRUST		Taxpayer Identification Number 62-1278612

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		4,455
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		4,455
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		
16. Net Income/Loss. Line 7 minus Line 15	16.		4,455

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 18,574	\$ 18,574	\$	\$
BIRD RESEARCH	18,037	18,037		
TOTAL	<u>\$ 36,611</u>	<u>\$ 36,611</u>	<u>\$ 0</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES AND FEES	\$ 6,802	\$ 5,936	\$ 626	\$ 240
CARBON OFF-SET EXPENSE	4,835	4,835		
EDUCATION	2,417	2,417		
TRAINING	2,017	565	1,452	
TOTAL	<u>\$ 16,071</u>	<u>\$ 13,753</u>	<u>\$ 2,078</u>	<u>\$ 240</u>

TRGT TENNESSEE RIVER GORGE TRUST

62-1278612

FYE: 12/31/2020

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

<u>Donor Name</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	\$ <u>22,600</u>	\$ <u>22,000</u>	\$ <u>43,361</u>	\$ <u>26,769</u>	\$ <u> </u>
TOTAL	\$ <u>22,600</u>	\$ <u>22,000</u>	\$ <u>43,361</u>	\$ <u>26,769</u>	\$ <u> 0</u>

TRGT TENNESSEE RIVER GORGE TRUST

62-1278612

Federal Statements

FYE: 12/31/2020

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2020	43,711	34,132
2019	283,929	260,755
2018	216,500	206,731
2017	241,193	233,086
2016	230,191	223,353
TOTAL	\$ <u>1,015,524</u>	\$ <u>958,057</u>