### Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning 07/01/20 , and ending 06/30/21

### MOUNTAIN VALLEY ECONOMIC OPPORTUNITY AUTHORITY

\*\*-\*\*\*8625

OPPORTUNITY AUTHO	DRITY		
Net Asset / Fund Balance at Beginning of Year		_	209,933
Revenue			
Contributions	569,304		
Program service revenue	309,304		
Investment income			
Capital gain / loss	and the second s		
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	0		
Total revenue	<del>-</del>	569,304	
Expenses	_		
Program services	508,289		
Management and general	508,289 56,479		
Fundraising			
Total expenses		564,768	
Excess / (deficit)	_		4,536
Changes		_	
Net Asset / Fund Balance at End of Y	'ear		214,469
		=	
Reconciliation of Revenue Total revenue per financial statements 569,3 Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return 569,3	Less: Donal Prior Losse Other Plus: Invest	ment expenses	
Tom revenue per return		otal expelises per retail	304,700
Assets	.13 61,9	Differences 71 02	<u>36</u>
<b>Miscel</b> Amended return Return / extended Failure to file pen		<u>22</u>	

Form 8879-EC

# IRS e-file Signature Authorization

for an Exempt Organization 7/01 2020, and ending 6/30 20 21 OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning ...... ▶ Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax MOUNTAIN Taxpayer identification number VALLEY ECONOMIC OPPORTUNITY AUTHORITY 62-0868625 Name and title of officer or person subject to tax GARY W. HOLIWAY EXECUTIVE DIRECTOR 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. Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_\_1b 1a Form 990 check here \_b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b 2a Form 990-EZ check here 3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here ▶ 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that | X | I am an officer of the above organization or | | I am a person subject to tax with respect to (name of organization) , (EIN) 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 RODEFER MOSS & CO, PLLC 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(les) 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

Certification and Authéntication

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

62573964441

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.

CURTIS H. MORRISON ERO's signature

05/12/22 Date >

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.

Form 8879-EO (2020)

Return of Organization Exempt From Income Tax

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

2020

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

A	For the 2020 c	calendar year, or tax year beginning $07/01/20$ , and ending $06/30/21$			
	Check if applicable:	C Name of organization MOUNTAIN VALLEY ECONOMIC		D Employer	Identification number
	Address change	OPPORTUNITY AUTHORITY			
	Name change	Doing business as			**8625
	-		om/suite	E Telephone	
	Initial return	9111 CROSS PARK DRIVE, SUITE D-100	-	865-1	691-2551
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			=== ===
П	Amended return	KNOXVILLE TN 37923		G Gross rece	eipts\$ 569,304
$\equiv$		F Name and address of principal officer:	H(a) Is this a grou	up return for s	ubordinates? Yes X No
	Application pending	GARY W. HOLLWAY	•	•	F., F.,
		3222 01000 21221 211	H(b) Are all subo		
		KNOXVILLE TN 37923	II "NO," I	attach a list.	See instructions
1	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
			H(c) Group exem		
K	Form of organization	: X Corporation Trust Association Other ► 1. Year	of formation: 19	<del>3</del> 72	м State of legal domicite: ТN
		ımmary			
	1 Briefly de	scribe the organization's mission or most significant activities:			
9	TO S	UPPORT A VARIETY OF COMMUNITY SERVICES FOR SELF-SUFFIC	CIENCY TO	O THE	
ā	LOW-	INCOME POPULATION AS A DESIGNATED COMMUNITY ACTION AG	ENCY.		
Governance	,				
Š	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25% o	f its net asset	s.	
8		of voting members of the governing body (Part VI, line 1a)		3	20
		of independent voting members of the governing body (Part VI, line 1b)			20
Ę		nber of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities		nber of volunteers (estimate if necessary)		ا م ا	25
<		elated business revenue from Part VIII, column (C), line 12			0
		ated business taxable income from Form 990-T, Part I, line 11			0
	1 2 113 3 113		Prior Year		Current Year
di	8 Contribut	ions and grants (Part VIII, line 1h)	476	,311	569,304
ä	9 Program	service revenue (Part VIII, line 2g)			0
Revenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			0
œ	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	476	,311	569,304
		nd similar amounts paid (Part IX, column (A), lines 1-3)			0
		paid to or for members (Part IX, column (A), line 4)			0
w	45 Outsides	other compensation, employee benefits (Part IX, column (A), lines 5-10)	216	,566	237,229
ž.	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			0
Expenses	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0	to tight the steament		
Ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	255	,049	327,539
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,615	564,768
		less expenses. Subtract line 18 from line 12		,696	4,536
<b>5</b> 8	8	В	eginning of Cum	ent Year	End of Year
Net Assets or	20 Total ass	ets (Part X, line 16)	213	,046	276,371
¥à	21 Total liab	ilities (Part X, line 26)		,113	61,902
氢	22 Net asse	ts or fund balances. Subtract line 21 from line 20	209	,933	214,469
		gnature Block			
u	Inder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the bes	t of my kno	wledge and belief, it is
tr	ue, correct, and c	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowledge.		
Si	an 📗 🥫	Signature of officer		Date	
	ere	GARY W. HOLIWAY EXECUT	IVE DIF	RECTO	R
		Type or print name and title			
_	Print/Typ	e preparer's name Preparer's signature	Date	Check	if PTIN
Pal		S H. MORRISON CURTIS H. MORRISON	05/12/	22 self-em	ployed ******
	eparer Firm's n	DODERTO MOGG C CO DITC		rm's EIN 🕨	**-***0032
	e Only	129 W DEPOT ST STE 1			
	Firm's a	COMPANY TERMS OF STACE	DI	none no,	423-638-8144
Ma		ss this return with the preparer shown above? See instructions			X Yes No
1114	.,				111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Form 990 (2020) MOUNTAIN VAL	LEY ECONOMIC	**-***8625	Page 2
Part III Statement of Progra	m Service Accomplishments		
Check if Schedule O	contains a response or note to	any line in this Part III	<u></u>
1 Briefly describe the organization's mis			
TO SUPPORT A VARIET	Y OF COMMUNITY SER	VICES FOR SELF-SUFFICIENC	Y TO THE
LOW-INCOME POPULATION	ON AS A DESIGNATED	COMMUNITY ACTION AGENCY	***********
,			
2 Did the organization undertake any sig	inificant program services during the ye	ar which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services			
3 Did the organization cease conducting	, or make significant changes in how it	conducts, any program	
services?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X No
If "Yes," describe these changes on S			
4 Describe the organization's program s	ervice 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 repo	rt the amount of grants and allocations to others,	
the total expenses, and revenue, if an			
4a (Code: ) (Expenses \$	508,289 including grants	s of \$ ) (Revenue \$	569,304)
COMMUNITY SERVICES		RAL AND ELDERLY PERSONS S	SUCH AS IN-
HOME DELIVERED MEAL	S AND EMERGENCY AS	SISTANCE	
, , , , , , , , , , , , , , , , , , , ,			
***************************************			
4b (Code: ) (Expenses \$	including grant	s of \$ ) (Revenue \$	
37 / 3			
		,,,,,,	
-,,,,,			
- , , , ,			
***************************************			
4c (Code: ) (Expenses \$	including grant	s of \$ ) (Revenue \$	
N/A			
~~~			
		,	
***************************************			*********
·		.,,,,,,	
	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	•••••••••••		
•			,,,
•	.,		
•			
Ad Other program services (Describe en	Schedule (1)		
4d Other program services (Describe on (Expenses \$		) (Revenue \$	)
4e Total program service expenses ▶	including grants of \$ 508,289	, , , , , , , , , , , , , , , , , , , ,	

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

P	art 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	١ ,,		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		i	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		х
04-	employees? If "Yes," complete Schedule J	23		**
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			İ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		l
	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	240		
≥sa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D,	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?	256		х
00	If "Yes," complete Schedule L, Part I	25b		
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%	26		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		-A%
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	1		
	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			
		27		x
20	persons? If "Yes," complete Schedule L, Part III	A.I	No.	45
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	100.000		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	VIE(5985)		
а		28a		x
ь.	A C. W. C.	28b		X
D .	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
С	Was Harmalaka Cabadida J. Dart M.	28c		x
29	Did the second of the control of the	29		x
30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule in			
30	, , , , , , , , , , , , , , , , , , ,	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
32		32		x
33	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J.		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	100		
34		34		х
35a	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	304		<del></del> -
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l —
00	and the state of t	36		x
37	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
P	art 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			П
	GERORE II COLLOWING OF COLLOWING OF MORE TO CITY AND COLLEGE TO COLLOWING		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	Contract of		
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	1500000		
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	
				-

Pε	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a   0	1000 0000 1000 0000 1000 0000		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1915 N. 1916 N		
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		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority 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 ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
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		Х
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				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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 Section of Section 1 Section of Section 1 Section of Section 1 Section 18 April 19		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods			
	and services provided to the payor?		7a		
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		
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 con	tract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C?	7h	<u> </u>	
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	<u> </u>	<u></u>
9	Sponsoring organizations maintaining donor advised funds.				
а	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	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:				
а	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	PART FOR THE PART OF THE PART		
11	Section 501(c)(12) organizations. Enter:				14 (2000) 14 (4000)
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1912-1190	Decado do	
	against amounts due or received from them.)	11b	200 HE 100 HE 10	Same	
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	2000 000000000000000000000000000000000		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		586 ACE		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.		2011001000		
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		300 (S20) 200 (2000) 200 (2000)	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b	<u> </u>	ļ
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	tion or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		X
	If "Yes" complete Form 4720. Schedule O.				

Pa	of VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change the best VI of the Bat VI.	s on Sc	hedule O.	See ins		
Sec	Check if Schedule O contains a response or note to any line in this Part VI  tion A. Governing Body and Management					X
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	the control of the co			3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	d?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		following:	550 (1956)		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. <i></i>		9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the I			Code.)		
-					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin			11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•		350 6363		9440 (45 446
12a	Did the executation have a written conflict of interest nation? If "No " on to line 12			12a	X	330333333
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
Ū	describe in Schedule O how this was done			12c		х
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by			25000000	iroteeki.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	100000000000000000000000000000000000000	X
ь	Other officers or key employees of the organization	,,				х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			(2000) MAGAPON 10000 MAGAPON 1000 MAGAPON		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
				16a	were of the second	X
h	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			553 555	61/62018	
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b	100 11000000000000000000000000000000000	1 (Arminelen
Sec	ction C. Disclosure		,,,,.,,,.,,	, ,,,,,		<b></b>
17	List the states with which a copy of this Form 990 is required to be filed TN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,,				
	Own website Another's website X 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 in the control of the con	erest notic	v. and			
	financial statements available to the public during the tax year.	pon	·,,			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords ▶				
	ARY W. HOLIWAY 9111 CROSS PARK DR					
	NOXVITUE TN 37	923	86	5-69	1-2	551

	000 (0000)	MOUNTAIN	TATTEV	TONIOMEC
Form	990 (2020)	MUDINTALN	VALLEY	MECUNIONI C

\*\*-\*\*\*8625

Page 7

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.

X 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 (list any hours for	box	ς unle	Pos check ess pe	rson	than o is both or/trusti	an ee)	(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 below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(VV2 1035411.00)	(112103331100)	related organizations
(1) JASON BAILEY		<u> </u>							***************************************	
BOARD MEMBER	0.00	x						o	o	o
(2) JOE BROOKS	0.00		$\vdash$						<u> </u>	
(-,	0.00				l					
BOARD MEMBER	0.00	X						0	0	0
(3) DEBORAH CHUMLEY										
	0.00			ļ				_	0	o
BOARD MEMBER  (4) JUDGE MICHAEL D.	0.00	X	ļ		┢			0	0	<u> </u>
(4) CODGE MICHAELI D.	0.00									
BOARD MEMBER	0.00	X						0	0	0
(5) SANDRA HARGETT				Π					The state of the s	
, , ,	0.00				ĺ				_	
BOARD MEMBER	0.00	X	<u></u>	<u> </u>	ļ	⊢		0	0	0
(6) VICKIE HEATHERL	0.00									
BOARD MEMBER	0.00	$\mathbf{x}$						l o	0	0
(7) SHARON HEIDEL	0.00	1	-	<del> </del>	$\vdash$				<u> </u>	<u> </u>
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00									
BOARD MEMBER	0.00	X	L		<u> </u>	<u> </u>		0	0	0
(8) PAUL HILL										
	0.00	.						_	1	0
BOARD MEMBER	0.00	X		-		╂		0	0	0
(9) BRIAN LANGLEY	0.00									
BOARD MEMBER	0.00	$\mathbf{x}$						l o	l o	o
(10) GREG LEACH		†		<b>†</b>	1-	1		_		
, ,	0.00									
BOARD MEMBER	0.00	X	<u> </u>		ļ	_		0	0	0
(11) OLAN MASSENGILL	0.00							1		
BOARD MEMORE	0.00	x	1					0	o	o
BOARD MEMBER	0.00	Λ	<u> </u>	<u></u>	<u> </u>	<u> </u>	L	<u>U</u>	1 0	Form 990 (2020)

Page 8	

Part VII Section A. Officers	s, Directors, Tri	ustee	es, l	(ey l	Emp	loye	es,	and Highest Compensate	ed Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo: off	k, unle icer a	Posi check ess per nd a c	more rson i	than o s both s/truste	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) TAMARA MILNE	0.00									
(13) E.L. MORTON	0.00	X						0	0	0
BOARD MEMBER	0.00	x						0	0	0
(14) DENISE ROBER	0.00	x						0	0	0
(15) BETSY SHOFFN		^						<u> </u>		
PRESIDENT	0.00	х		x				0	0	0
(16) FRED SIMMONS	0.00									_
HOARD MEMBER (17) MARY SIMPSON	0.00	Х						0	0	0
BOARD MEMBER (18) JEFF TIBBALS	0.00	x						0	0	0
BOARD MEMBER	0.00	x						0	0	o
(19) KATHY WEST	0.00					<u> </u>				
BOARD MEMBER	0.00	x					Ļ	0	0	0
to Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	Α			<b>\</b>			
Total number of individuals (in reportable compensation from	cluding but not li	mited	l to t				OVE	e) who received more than \$	6100,000 of	
3 Did the organization list any for employee on line 1a? If "Yes,"										Yes No
4 For any individual listed on line organization and related organ	a 1a, is the sum nizations greater	of re than	porta \$15	able ( 0,00	com <sub> </sub> 0? <i>II</i>	pensa "Yes	atio s," c	n and other compensation fr complete Schedule J for suc	om the	4 X
5 Did any person listed on line of services rendered to the or		rue (	comp	ensa	ation	from	ı ar	ny unrelated organization or l		
Section B. Independent Contract  1 Complete this table for your fire	ve highest comp	ensa	ted i	ndep	ende	ent c	ontr	ractors that received more th	nan \$100,000 of	
compensation from the organi	zation. Report co (A) d business address	mpe	nsati	on fo	or the	e cale	end T	lar year ending with or withir	n the organization's tax yea (8) ton of services	Г. (C) Compensation
Medical Control of the Control of th		***************************************							4	
2 Total number of independent received more than \$100,000	contractors (inclu of compensation	ding fror	but n the	not li e org	mite aniz	d to i	thos	se listed above) who	0	
DAA										Form 990 (2020)

Pa	rt V	III Stateme Check if	nt of Sche	Revenue	ains a r	respon	se or note	to any line in th	is Part VIII		
						<u> </u>		(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service   Contributions, Giffs, Grants   Revenue   and Other Similar Amounts	b c d e f g h 2a b c d d e		s	nts, d above in lines 1a-1f			569,304 ► Business Code	569,304			
12.	f	All other program					<b>-</b>				
		Total. Add lines Investment incorr other similar ame Income from inve Royalties	ne (inc ounts) estmer	cluding dividends	s, interest	t, and					
	6a b	Gross rents Less: rental expenses	6a 6b	(i) Real			ersonal				
	d	Rental inc. or (loss)  Net rental incom Gross amount from sales of assets other than inventory	6c e or (k 7a	OSS)(i) Securities			Other				
Other Revenue	С	Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss	7b 7c			,					
Othe	1	Gross income from (not including \$ of contributions rep See Part IV, line 18	fundra	ising events n line 1c).	8a						
	c	Less: direct expo Net income or (I Gross income from See Part IV, line 19	enses oss) fr gamin	om fundraising o	8b events	*******	<b>&gt;</b>				
	С	Less: direct exp Net income or (I Gross sales of in returns and allow	enses oss) fr nvento	om gaming activ	9b rities						
	1	Less: cost of go- Net income or (i	ods so	ld	10b						
Miscellaneous Revenue							Business Code				
Ξ		All other revenu Total. Add lines					<b>&gt;</b>				
		Total revenue.						569,304	0	0	0

# Form 990 (2020) MOUNTAIN VALLEY ECONOMIC 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 (B) Program service expenses (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... 4 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 185,682 167,113 18,569 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 51,547 46,392 5,155 Other employee benefits 9 Payroll taxes 10 11 Fees for services (nonemployees): a Management ...... Legal 68 684 616 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (if line 11g amount exceeds 10% of line 25, column 6,064 674 6,738 (A) amount, list line 11g expenses on Schedule O.) 1,020 918 102 12 Advertising and promotion 122,098 109,888 12,210 Office expenses 13 Information technology 14 15 Royalties 34,728 3,859 38,587 Occupancy 16 1,836 204 2,040 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 585 65 650 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 682 6,823 6,141 Insurance 23 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.) 8,814 88,133 79,319 PARTICIPANT SERVICES 50,448 45,403 5,045 INDIRECT COSTS b ., 10,318 9,286 1,032 TELEPHONE e All other expenses 0 508,289 56,479 564,768 25 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Part X	Balance Sheet  Check if Schedule O contains a response or ne	ote to any line in this Part X		<u></u> .	
			(A) Beginning of year		(B) End of year
1 1	Cash—non-interest-bearing		118,061	1	135,300
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		94,985	3	141,061
4 .	Accounts receivable, net			4	
5	Loans and other receivables from any current or for				
1	trustee, key employee, creator or founder, substantia				
	controlled entity or family member of any of these pe		5		
	Loans and other receivables from other disqualified p				
. [	under section 4958(f)(1)), and persons described in			6	
	Notes and loans receivable, net			7	
₹   8	Inventories for sale or use	,,		8	
9	Prepaid expenses and deferred charges		,	9	10
	Land, buildings, and equipment: cost or other			(100)	
	basis. Complete Part VI of Schedule D	10a			
ь	Less: accumulated depreciation	10b		10c	
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	
	Intangible assets		l i	14	
1	24			15	
[	Total assets. Add lines 1 through 15 (must equal lin			16	276,371
	Accounts payable and accrued expenses			17	61,902
	Grants payable			18	
19	Deferred revenue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		19	
20	*** 4 1 b 10 1 1994*		1 1	20	
	Escrow or custodial account liability. Complete Part I			21	
22	Loans and other payables to any current or former of				
	trustee, key employee, creator or founder, substantia			to help the second of the seco	
	controlled entity or family member of any of these pe			22	
ة   <sub>23</sub>	Secured mortgages and notes payable to unrelated			23	
	Unsecured notes and loans payable to unrelated thin			24	
	Other liabilities (including federal income tax, payable				
	parties, and other liabilities not included on lines 17-2				
4	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		3,113	26	61,902
	Organizations that follow FASB ASC 958, check			ASSESSED	
<i>י</i> יע ו	and complete lines 27, 28, 32, and 33.			2000 A 2000 2000 A 2000 2000 A 2000 A	
<u> </u>	•			27	
28				28	
₽	Net assets with donor restrictions Organizations that do not follow FASB ASC 958	, check here ► 🗶			
2	and complete lines 29 through 33.	<b>—</b>			
5 29	Capital stock or trust principal, or current funds		29		
30	Paid-in or capital surplus, or land, building, or equipr			30	
31	Retained earnings, endowment, accumulated income			31	214,469
	Total net assets or fund balances		.,,,	32	214,469
ž   33	Total liabilities and net assets/fund balances		010 010	33	276,371
					Form 990 (2026

Form	990 (2020) MOUNTAIN VALLEY ECONOMIC	**-***8625			Paç	<u>je 12</u>
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to a	ny line in this Part XI				بلِل
1	Total revenue (must equal Part VIII, column (A), line 12)		1	56	59,3	304
2	Total expenses (must equal Part IX, column (A), line 25)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	<u>5</u> 6	54,7	<u> 168</u>
	Revenue less expenses. Subtract line 2 from line 1		3			536
	Net assets or fund balances at beginning of year (must equal Part X, lin		4	20	9,9	<u> 333</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
	Net assets or fund balances at end of year. Combine lines 3 through 9					
	32, column (B))		10	21	4,4	169
-	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to a	any line in this Part XII				
	Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year o	Accrual X Other MOD. ACCR	UAL.	The second secon	Yes	No
	Schedule O.					
	Were the organization's financial statements compiled or reviewed by a	n independent accountant?		2a	PARTICIPAL PROPERTY AND ADDRESS OF THE PARTICIPAL PROPERT	Х
	If "Yes," check a box below to indicate whether the financial statements			2000 E250 2000 E250		
	reviewed on a separate basis, consolidated basis, or both:					
ı		ated and separate basis				
h	Were the organization's financial statements audited by an independen	•		2b	X	
	If "Yes," check a box below to indicate whether the financial statements					11 10 00 00 00 00 00 00 00 00 00 00 00 0
	separate basis, consolidated basis, or both:	,		charge charges		1855
- 1		ated and separate basis				
۱ م	If "Yes" to line 2a or 2b, does the organization have a committee that as	•				
	the audit, review, or compilation of its financial statements and selection			2c	X	
	If the organization changed either its oversight process or selection proc	,		Germanien Germanien		
	Schedule O.	······································		Section Con-		
3a	As a result of a federal award, was the organization required to undergo	an audit or audits as set forth in the				
ou				3a		х
h	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 s			3b		
				For	m 99(	(2020)

Part VII Section A. Officer	s, Directors, Tru	ıste	es, ł	(ey	Emp	oloye	es,	and Highest Compensate	ed Employees (continued,	)
(A) Name and title	(B) Average hours per week (list any					s both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(20) BOBBY WHITE			<u> </u>							
BOARD MEMEBER	0.00	x						0	0	0
	•									
,										
1b Subtotal							<b>&gt;</b>			
d Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	cluding but not li	mited					ove	who received more than \$	5100,000 of	
3 Did the organization list any for employee on line 1a? /f "Yes,"	ormer officer, dire	ector								Yes No
4 For any individual listed on line organization and related organization and related organization.	e 1a, is the sum nizations greater	of re than	porta \$15	ble 0,00	com <sub>l</sub> 0? <i>If</i>	ens: "Ye:	ation s," c	n and other compensation from and other complete Schedule J for suc	om the ch	4
5 Did any person listed on line for services rendered to the o	1a receive or acc	rue (	comp	ens	ation	from	n an	y unrelated organization or i	individual	
Section B. Independent Contract			1						¢400,000 -f	
Complete this table for your fi compensation from the organi	zation. Report co							ar year ending with or within	n the organization's tax yea	
Name and	(A) d business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent								e listed above) who		
received more than \$100,000	of compensation	fron	n the	ora	aniza	ation				

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

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020 Open to Public

Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

MOUNTAIN VALLEY ECONOMIC OPPORTUNITY AUTHORITY

Employer Identification number \*\*-\*\*\*8625

Par	t l	Reaso	on for Public Charity	Status. (All organizations	s must o	complet	e this part.) See instruct	ions.	
The o	rgai	nization is not a	a private foundation because	it is: (For lines 1 through 12, ch	eck only	ne box.)			
1	٦	A church, con	vention of churches, or asso	ociation of churches described in	section	170(b)(1	)(A)(i).		
2		A school desc	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ).)			
3				e organization described in sect			i).		
4	ᅦ	•	•	in conjunction with a hospital de	-		-	spital's name,	
٠ ـ	1	city, and state		,				•	
5	$\neg$	-		a college or university owned or	r operated	by a gov	emmental unit described in		
٠		-	b)(1)(A)(iv). (Complete Part	•	oporato	<i>D</i> , a go.			
6 [				vernmental unit described in se	ction 170	(b)(1)(A)(	٧١.		
,	$\overline{\mathbf{x}}$			ubstantial part of its support fron					
′ 1	<u> </u>	•	section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	i a goron	miona a	in or north sto gorlorer passio		
8	$\neg$			70(b)(1)(A)(vi). (Complete Part	11.3				
9	┥	•		ribed in section 170(b)(1)(A)(b)		d in coniu	inction with a land-grant college	e	
ΥL				f agriculture (see instructions). E				~	
		university:	+ J.	,			G		
10	٦		on that normally receives: (1)	more than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, and gross	S	
•		receipts from	activities related to its exemp	ot functions, subject to certain ex	ceptions;	and (2) n	o more than 331/3% of its		
				d unrelated business taxable inc					
	_	•	-	), 1975. See section 509(a)(2).					
11			,	xclusively to test for public safet	•				
12		An organization	on organized and operated ex	xclusively for the benefit of, to p	erform the	functions	s of, or to carry out the purpose	9S	
				ations described in section 509					
			_	at describes the type of support					
	а			rated, supervised, or controlled				3	
			• ,, ,	er to regularly appoint or elect a omplete Part IV, Sections A ar		i ille uile	ciois of trustees of the		
	b			pervised or controlled in connect		e eunnort	ed organization(s) by having		
	Ŋ			ing organization vested in the sa				•	
				Part IV, Sections A and C.	iiio poico	10 0101 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	С		• •	supporting organization operated	l in conne	ction with	, and functionally integrated wil	th,	
	•	its suppo	rted organization(s) (see inst	tructions). You must complete	Part IV, S	ections	A, D, and E.	•	
	d	Type III	non-functionally integrated	d. A supporting organization ope	rated in c	onnection	with its supported organization	n(s)	
				organization generally must sat				S	
				ust complete Part IV, Section					
	0			ived a written determination from			a Type I, Type II, Type III		
	_			n-functionally integrated supporti	ng organi	zation.		ı	
	f		nber of supported organization						
	g		ollowing information about the	****	T			T	
(i)		e of supported	(II) EIN	(iii) Type of organization (described on lines 1–10	1 * *	organization or governing	(v) Amount of monetary support (see	(vi) Amount other support	
	OU	ganization		above (see instructions))	docu		Instructions)	instruction	-
				,	Yes	No	-		
(A)									
٧.7								İ	
(B)									
(5)									
····		<del></del>			<del> </del>				
(C)									
<b>(D)</b>		- ***			1			• "	
(D)									
(E)					1				
(=)									
						NEESKARIA SANAN		<u> </u>	

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.)

Seci	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·		<u></u>			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	313,826	405,529	447,561	476,311	569,304	2,212,531
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		`				
4	Total. Add lines 1 through 3	313,826	405,529	447,561	476,311	569,304	2,212,531
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,212,531
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	313,826	405,529	447,561	476,311	569,304	2,212,531
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, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,212,531
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	ı, or fifth tax year a	is a section 501(c)(	(3)	<b></b> 1
	organization, check this box and stop here						<u></u>
Sec	tion C. Computation of Public S	<u> </u>	<del></del>				
14	Public support percentage for 2020 (line 6,						100.00%
15	Public support percentage from 2019 Sche						100.00%
16a	33 1/3% support test-2020. If the organ				33 1/3% or more, ch	neck this	. ==
	box and stop here. The organization quali						▶ 🕱
b	33 1/3% support test—2019. If the organithis box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization meet	is the "facts-and-cir	cumstances" test,	check this box and	l stop here. Explai	n in	
	Part VI how the organization meets the "fa organization						▶ □
b	10%-facts-and-circumstances test—20	119. If the organizat	tion did not check a	box on line 13, 16	3a, 16b, or 17a, and	d line	
~	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization						▶ □
18	Private foundation. If the organization die	d not check a box of	on line 13, 16a, 16t	o, 17a, or 17b, che	ck this box and see	<del>)</del>	<b>.</b>
	instructions						

Page 3

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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						-
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	. 91. 92. 33. 32. 43. 33.				Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	
Sec	tion B. Total Support		a de la companya de l			Sameteral System Ossober manu	***
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6			······································	, ,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				7		
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o	-		=			, $\Box$
<u></u>	organization, check this box and stop her tion C. Computation of Public S		ntago				P L
				up (f))		15	%
15 16	Public support percentage for 2020 (line 8 Public support percentage from 2019 Scho						
	tion D. Computation of Investm			<u> </u>	**************************************		70_
17	Investment income percentage for 2020 (I			, column (f))		17	%
18	Investment income percentage from 2019		11 E 47			40	%
19a	33 1/3% support tests—2020. If the orga					<del></del>	
	17 is not more than 33 1/3%, check this be						▶ ∐
b	33 1/3% support tests-2019. If the organization						
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruction	ons	▶ ∐

Supporting Organizations Part IV

(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.)

ons

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
	18 45 19	
2		
1000000000	Washing and	
3a		
100 Sept.	STORY IN	
3b		
COLUMN TO SERVE		(PAYEZAKE
3с		L
4a		
		Conta Carrie Con
4b		
	176120000000	28504.0360545
		35 AP E
4c		l
	Hadriag Strategy	Santa Cara Hall
erenthalii	32574112-2114/5521	saspasienti tejitti
5a	100000000000000000000000000000000000000	
333105	2000 1000 1000 1000 1000 1000 2000 1000 1	Section 19
5h		
- 55		
5c	N. Territorian Com	September 15 or
200 A A A A A A A A A A A A A A A A A A		
6		]
	VACATE NAME	ggionatenios il
		S1-34-12
		SECTION
Name of Street		
7		
		nagara pro see a tamig
8	(A)	
DESERTE	43,522,550	
9a	<u> </u>	
	SUMBAR	
9b	L	<u></u>
	Carl Manual Action	
XX50555	<5000000000000000000000000000000000000	
9c		
A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	and the Ampail Colomia	<ul> <li>emilie Andrews (serve)</li> </ul>
A Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp		
Section 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 1		
10a		l
A CONTROL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P		l

Schedu	e A (Form 990 or 990-EZ) 2020 MOUNTAIN VALLEY ECONOMIC	**-***8625		Page 5
2004000000000000	Supporting Organizations (continued)			
			/es	No
11	Has the organization accepted a gift or contribution from any of the following persons?			No.
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b ar			
	11c below, the governing body of a supported organization?	<u>11a  </u>		
b	A family member of a person described in line 11a above?	11b	00,52320.025	XES MESSAGE
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1 1		September 1
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			NI -
		(2000000000000000000000000000000000000	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or member	TAX 000 000 000 000 000 000 000 000 000 0		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations have the power to regularly appoint or elect at least a majority of the organizations.	S0924331 933		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organ		1000195	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more		gresi	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were all			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the to	ax year. 1	3322.336	
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? If "Yes," explain in P.			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Section	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	[ 2 ]	1	
Secti	on c. Type a dupporting digunizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	C00000000 0388		
,	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how continuous	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
	or management of the supporting organization was vested in the same persons that controlled or management	\$27554 (AS)		
	the supported organization(s).	1	hrebetsvapae	aktobaseses paes
Sect	on D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·		
-	011 217 111 170 111 011 011 011 011 011 011 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	e I		
	organization's lax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			Silvaciona Silvaciona
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	A. A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE C		ASA 111 62 (New York 112)
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part	VI how		
	the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations has	ive		
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sect	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a govern			
2	Activities Test. Answer lines 2a and 2b below.	Contractor and	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purp			
	how the organization was responsive to those supported organizations, and how the organization dete	1 - 1		
	that these activities constituted substantially all of its activities.	2a	900 BANG 1972	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	Part VI the reasons for the organization's position that its supported organization(s) would have engag			
_	these activities but for the organization's involvement.	2b	1153443	Samanna
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20	MAX PARTE	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		(854)
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this re-	zyaru.   OU		1

Schedu	le A (Form 990 or 990-EZ) 2020 MOUNTAIN VALLEY ECONOMIC		**-**86	525 Page 6					
Par		ganiz	ations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			e					
	instructions. All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.						
Section A – Adjusted Net Income (A) Prior Year									
3600	on A - Aujusteu Net Income		(A) I NOI TEGI	(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							
Sect	ion 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 TON THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF							
а	Average monthly value of securities	1a							
t	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							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):	25520353 25519355							
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							
Sect	ion 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	100 mm (2000) 100 mm (2000) 100 mm (2000) 100 mm (2000) 100 mm (2000) 100 mm (2000) 100 mm (2000) 100 mm (2000)						
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 T	voe III	supporting organization						

(see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Breakdown of line 7: a Excess from 2016 ...

**c** Excess from 2018 ...... **d** Excess from 2019 ...... **e** Excess from 2020 ......

b Excess from 2017 .....

Schedule A (Form	990 or 990-EZ) 2020	MOUNTAIN	VALLEY	ECONOMIC	**-***8625	Page 8
Part VI	Supplemental III, line 12; Part 1B, lines 1 and 2; 3a, and 3b; Part	Information. Provid IV, Section A, lines Part IV, Section C, V, line 1; Part V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section V, Section	e the expla 1, 2, 3b, 3c line 1; Part ection B, lin	nations required , 4b, 4c, 5a, 6, t IV, Section D, le 1e; Part V, S	d by Part II, line 10; Part II, line 17a or 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, lines 2 and 3; Part IV, Section E, lines ection D, lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
	lines 2, 5, and 6	<ol><li>Also complete this</li></ol>	part for ar	ny additional inf	ormation. (See instructions.)	
<u> </u>						
•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			, , , , , , , , , , , , , , , , , , , ,			
		.,	.,,,,			
·		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
•		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
•	· ·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
•						
		,	• • • • • • • • • • • • • • • • • • • •			
			,,			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
,						
•						
		,,				
		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

MOUNTAIN VALLEY ECONOMIC

OPPORTUNITY AUTHORITY

Employer identification number

\*\*-\*\*\*8625

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	overed by the <b>General Rule or a Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
-	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.							
Special Rules								
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
contributor, during the contributions totaled m during the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

PAGE 1 OF 1

Page 2

Name of organization

MOUNTAIN VALLEY ECONOMIC

Employer identification number \*\*-\*\*\*8625

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	TN DEPARTMENT OF HUMAN RESOURCES COMMUNITY SERVICES BLOCK GRANT 400 DEADERICK STREET CITIZENS PLAZA BLDG 5TH FLOOR NASHVILLE TN 37248	\$ 569,30 <b>4</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a)	(b)	(c)	(d)						
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	Trusting same soog wild all 1.17	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

► Attach to Form 990.

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

OMB No. 1545-0047 2020

Open to Public Inspection

	of the organization		Employer identification number
	DUNTAIN VALLEY ECONOMIC		
01	PPORTUNITY AUTHORITY		**-***8625
Pa	rt I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	nds or Other Similar Funds or Form 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	300000000000000000000000000000000000000
	funds are the organization's property, subject to the organization's exclu		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	witing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on	Form 990 Part IV line 7	
	Purpose(s) of conservation easements held by the organization (check a		
1	Preservation of land for public use (for example, recreation or education)		important land area
		Preservation of a certified his	
	Protection of natural habitat Preservation of open space	rieservation of a certified his	storic structure
2	Complete lines 2a through 2d if the organization held a qualified consen	vation contribution in the form of a consen	vation
2	easement on the last day of the tax year.	validi Continuation in the form of a consci-	Held at the End of the Tax Year
_	•		
a h	Total acreage restricted by conservation easements		• •
b	Number of conservation easements on a certified historic structure inclu		
d	Number of conservation easements included in (c) acquired after 7/25/0		
u			2d
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization	
•	tax year >		
4	Number of states where property subject to conservation easement is to	ocated >	
5	Does the organization have a written policy regarding the periodic monit		
-	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easeme	ents during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
9	In Part XIII, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	scribes the
*	organization's accounting for conservation easements.		
P	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	, Historical Treasures, or Other Form 990. Part IV. line 8.	r Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958, not to re		sheet works
ıa	of art, historical treasures, or other similar assets held for public exhibition		
	service, provide in Part XIII the text of the footnote to its financial statem		
b	If the organization elected, as permitted under FASB ASC 958, to report		eet works of
.,	art, historical treasures, or other similar assets held for public exhibition,		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b> \$</b>
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, prov	ide the
_	following amounts required to be reported under FASB ASC 958 relating		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990. Part X		

Schoo	dule D (Form 990) 2020 MOUNTAIN	VALLEY	ECONOM	TC		**-**	8625		Page 4
	rt III Organizations Maintainin				reasures.			sets (contir	
3	Using the organization's acquisition, accessi collection items (check all that apply):							*	,
а	Public exhibition	d	□ Loan or	exchange prog	aram				
a b	Scholarly research	u e							
C	Preservation for future generations	·	☐ Oulci						
	Provide a description of the organization's c	oliections and ex	colain how the	further the or	roanization's	exempt purpos	se in Part		
	XIII.	011001107110 2112 07		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J/				
	During the year, did the organization solicit	or receive donati	ons of art, hist	orical treasure	s, or other si	milar			
	assets to be sold to raise funds rather than						, , , , , , , , , , , , , , , , , , ,	Ye:	s 🔲 No
Pai	rt IV Escrow and Custodial A								
	Complete if the organization	n answered	"Yes" on Fo	orm 990, Pa	art IV, line	9, or repor	ted an amo	unt on For	m
	990, Part X, line 21.								
1a	is the organization an agent, trustee, custod	ian or other inte	rmediary for co	ontributions or	other assets	not			_
	included on Form 990, Part X?							Ye	s 📗 No
b	If "Yes," explain the arrangement in Part XIII	and complete the	ne following tal	ole:			[······		
								Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance						1f	☐ Ye	s No
	Did the organization include an amount on i								
and the second	If "Yes," explain the arrangement in Part XIII  TO Endowment Funds.	, Check here in	ne explanation	nas been pro	vided on Pal	K VOI			<u>.                                     </u>
FA	T V Endowment Funds. Complete if the organization	n answered	"Yes" on Fo	orm 990 Pa	art IV line	10			
	Complete if the organization	(a) Current yea		Prior year	(c) Two ye		(d) Three years bad	ck (e) Four	years back
15	Beginning of year balance	***		, , , , , , , , , , , , , , , , , , ,	(4) )**		(-,		
	Contributions								
	Net investment earnings, gains, and	•							
·	losses							1	
d	Grants or scholarships								
	Other expenditures for facilities and			W					
	programs								
f	Administrative expenses								
g	End of year balance				<u> </u>				
	Provide the estimated percentage of the cur		alance (line 1g	column (a)) h	eld as:				
а	Board designated or quasi-endowment	%							
	Permanent endowment ► %								
C	Term endowment ▶ %								
_	The percentages on lines 2a, 2b, and 2c sh			5 - 6-6		Com the c			
3a	Are there endowment funds not in the poss	ession of the org	janization that	are neid and a	aaministerea	tor the		Г	Yes No
	organization by:							r - 1	Tes No
	(i) Unrelated organizations			• • • • • • • • • • • • • • • • • • • •				·····	
<b>h</b>	(ii) Related organizations  If "Yes" on line 3a(ii), are the related organizations	ratione lietad ae	required on Sc	hedule R?					
4	Describe in Part XIII the intended uses of the							[ 55 ]	1
	art VI Land, Buildings, and Ed		- Lincontion( )			***			
544.64000	Complete if the organization		"Yes" on Fo	orm 990, Pa	art IV, line	11a. See I	Form 990, F	Part X, line	10.
	Description of property		or other basis	(b) Cost or		(c) Accu		(d) Book	
		(inve	stment)	(oth	er)	depred	noitai		
1a	Land								
	Buildings								
c	Leasehold improvements								····
	Equipment					L			
	Other					<u> </u>			
Total	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0, Part X, colu	mn (B), line 1	0c.) ,,,,,,		<b>&gt;</b> [		

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on I	Form 990 Part IV li	ne 11h See Form 990 F	Part X line 12
<u> </u>	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(-/	Cost or end-of-year	market value
(1) Financial (	derivatives			
(2) Closely he	ld equity interests			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(C)	,			
(D)				
(E)				
			****	
(G)				
(H)	the man from 000 Part V and (D) line 10			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments — Program Related.			
Fait VIII	Complete if the organization answered "Yes" on	Form 990 Part IV I	ine 11c. See Form 990. I	Part X. line 13.
	(a) Description of Investment	(b) Book value	(c) Method of	
	(4) =		Cost or end-of-year	market value
(1)		v colorida de de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida del colorida del colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida de la colorida del colorida de la colorida del colorida de la colorida de la colorida de la colorida de la colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida del colorida d	***************************************	
(2)		***************************************		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered "Yes" on	Form 990 Part IV	ine 11d. See Form 990	Part X line 15.
	(a) Description	TOM OUD, Takery,	110. 110. 000 1 0111 000,	(b) Book value
(1)	(7			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		ALCOMATA.		
(8)				
(9)				
Part X	on (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on			n 990, Part X,
1	line 25.			(b) Book value
1. (1) Federal	income taxes			
(2)	moone taxes			
(3)		AHMTS T		
(4)				
(5)				
(6)				
(7)				
(8)		<u></u>		
(9)				- AUUMANAT
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization's	financial statements that reports	the
organization's	liability for uncertain tax positions under FASB ASC 740. Check	there if the text of the fo	otnote has been provided in Pa	t XIII

Sche	dule D (Form 990) 2020 MOUNTAIN VALLEY ECONOMIC	4	*-***8625	Page 4
	nt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per Return.	
Seren Series	Complete if the organization answered "Yes" on Form 990, P			
1	Total revenue, gains, and other support per audited financial statements			569,304
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C		2c	2	
d	2			
8	Add lines 2a through 2d			F.CO. 204
3	Subtract line 2e from line 1			569,304
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	wethership of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		
a		4a		
þ	· · · · · · · · · · · · · · · · · · ·	4b	0.000	
	Add lines 4a and 4b		4c	ECO 204
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	569,304
Pa	Int XII Reconciliation of Expenses per Audited Financial Statem	ients with E	expenses per Return.	
	Complete if the organization answered "Yes" on Form 990, P			564,768
1	Total expenses and losses per audited financial statements			504,700
2		2a		
	Donated services and use of facilities		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
G -	Prior year adjustments			
C	Other losses			
a	Other (Describe in Part XIII.)	<u>  40  </u>	2e	
	Add lines 2a through 2d			564,768
3	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	T		
4		4a		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
- 11		40	200000000000000000000000000000000000000	
			l ác l	
C	Add lines 4a and 4b			564.768
с 5	Add lines 4a and 4b			564,768
с 5 Ра	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.		5	564,768
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b and 2b;	Part V, line 4; Part X, line	564,768
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
5 <b>Pa</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	
C 5 Parents Provided the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are	ines 1b and 2b; ny additional info	Part V, line 4; Part X, line mation.	

Schedule D (Fo	om 990) 2020	MOUNTAIN	VALLEY	ECONOMIC	**-***8625	Page <b>5</b>
Part XIII	Supplement	MOUNTAIN al Information	(continued)			_
	11					
				,,		
				***************************************		
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******************
						,,,,,,
		• • • • • • • • • • • • • • • • • • • •			,	
	, ,					
	,					
			. , , , , , ,			
			.,,.,.			
• • • • • • • • • • • • • • • • • • • •		* * * * * * * * * * * * * * * * * * * *			,,,,,	
		.,.,				
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					***************************************	
	,	,,,,,,				
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		
•						

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2020

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public

Inspection

Name of the organization MOUNTAIN VALLEY ECONOMIC OPPORTUNITY AUTHORITY

Employer identification number

VALVANAVALA AND AND AND AND AND AND AND AND AND AN
FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED
ACTECN UNC NAMES COMMENTE NO DE CARROLL WITHU EN CHI MENNIE COME DIMANI DE CALIDOE ACUNOV
MVEOA HAS A MANAGEMENT AGREEMENT WITH EAST TENNESSEE HUMAN RESOURCE AGENCY
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE FORM 990 IS PROVIDED BY THE CPA TO THE FINANCE DIRECTOR AND
EXECUTIVE DIRECTOR FOR REVIEW PRIOR TO FILING
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE
AVAILABLE OFOR REQUEST AT THE ADMITTED TRAINED OF TOO

	Form <b>99</b>	O		parison Report		2019 & 2020
		For calendar year 2020, or tax year begin	ning (	07/01/20 , end		
Nan M		AIN VALLEY ECONOMIC			Taxpaye	er Identification Number
		UNITY AUTHORITY			***	***8625
				2019	2020	Differences
	1. Contri	butions, gifts, grants	1.	476,311	569,304	92,993
		pership dues and assessments				
		nment contributions and grants				
e		am service revenue				
Ξ	5. Invest	ment income	5.			
>	6. Proce	eds from tax exempt bonds	6.			
e.		ain or (loss) from sale of assets other than inventory				
-	8. Net in	come or (loss) from fundraising events	8.			
		come or (loss) from gaming				
		ain or (loss) on sales of inventory				
		revenue				
	12. Total	revenue. Add lines 1 through 11	12.	476,311	569,304	92,993
	13. Grants	s and similar amounts paid	13.			
	14. Benef	its paid to or for members	14.			
Ø		ensation of officers, directors, trustees, etc.				
S	16. Salari	es, other compensation, and employee benefits	16.	216,566	237,229	20,663
e	17. Profes	ssional fundraising fees	17.			
D.		professional fees		11,867	7,422	
	19. Occup	pancy, rent, utilities, and maintenance		37,949	38,587	638
		eciation and Depletion				
	21. Other	expenses	21.	205,233	281,530	
	22. Total	expenses. Add lines 13 through 21	22.	471,615	564,768	
	23. Exces	ss or (Deficit). Subtract line 22 from line 12	23.	4,696	4,536	
	24. Total	exempt revenue	24.	476,311	569,304	92,993
	25. Total	unrelated revenue	25.			
<u>.</u>	26. Total	excludable revenue	26.			
nat		assets		213,046	276,371	
Information	28. Total	liabilities	28.	3,113	61,902	
<u>-</u>	29. Retair	ned earnings	29.	209,933	214,469	4,536
her	30. Numb	per of voting members of governing body	30.	21	20	Service to the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servic
δ	31. Numb	per of independent voting members of governing body	31.	21	20	
	32. Numb	per of employees	32.	0	0	
	<b>33.</b> Numb	per of volunteers	33.	0	_25	

Form <b>990</b>		Tax Re	Tax Return History			2020
Name MOUNTAIN VAI OPPORTUNITY	VALLEY ECONOMIC				Employer **-*	Employer Identification Number
	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	there is a state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	405,529	447,561	476,311	569,304	
Program service revenue						
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue					- 1	
Total revenue		405,529	447,561	476,311	569,304	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.					- 1	
Other compensation		211,703	207,584	216,566	237,229	
Professional fees		٧	8,689	11,867	- 4	
		22,581	22,272	37,949	38,587	
Depreciation and depletion	***************************************					
Other expenses		~		~		
		394,873	437,613	471,615	564,768	
Excess or (Deficit)		10,656	9,948	4,696	4,536	
Total exempt revenue		405,529	447,561	476,311	569,304	
Total unrelated revenue						
Total excludable revenue			- 1			
Total Assets		200,244	207,781	213,046	276,371	
Total Liabilities		~	•	- 4		
Net Find Balances		195,289	205.237	209,933	214,469	

Fund Raising Management & General 674 674 Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) 6,064 6,064 Program Service Federal Statements 6,738 6,738 Total Expenses 8974A Mountain Valley Economic Description FYE: 6/30/2021 TOTAL \*\*\_\*\*\*8625

569,304 569,304 Amount Schedule A. Part II, Line 1(e) Federal Statements Description TN DEPARTMENT OF HUMAN RESOURCES CASH CONTRIBUTION 8974A Mountain Valley Economic \*\*\_\*\*\*8625 FYE: 6/30/2021 TOTAL